

Caring for the Living Soul

Emotions, Medicine and Penance
in the Late Medieval Mediterranean

Naama Cohen-Hanegbi



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Caring for the Living Soul

*Emotions, Medicine and Penance in the Late
Medieval Mediterranean*

By

Naama Cohen-Hanegbi



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This book is printed on acid-free paper and produced in a sustainable manner.

For my parents, Shlomith and Richie Cohen



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Naama Cohen-Hanegbi
Jerusalem, January, 2017

Note to the Reader

The nature of both source material and subject matter has made it difficult to maintain consistency with the spelling of personal names. I chose to refer, as much as possible, to names in the relevant vernacular tongues in the main text. Some exceptions are however inevitable. Translations of texts are the author's unless otherwise indicated. Biblical citations are drawn from the King James Version. An earlier version of the second chapter was published in *Osiris* 31 (2016) under the title "A Moving Soul: Emotions in Late Medieval Medicine." Parts of chapter 5 appeared in "Mourning under Medical Care: A Study of a consilium by Bartolomeo Montagnana," *Parergon* 31:2 (2016): 35–54. I thank the editors of both journals for granting permission to use them here in altered form.

Introduction

As the story goes, there was once a man whose sadness was so great that he wished to take his own life. It so happened that his wife felt the same. For a while they were both seized by these sorrowful thoughts not knowing the other's feelings. At last they confided in each other and decided to act on their self-destructive desires. The husband proposed some wine to soften their approaching death. But as they were about to drink, both, out of habit, signaled with their hands the sign of the cross on the cup and instantly all their suicidal temptations were gone. The wine became a remedy for their evil thoughts.

The story, included in a number of exempla collections of the thirteenth and fourteenth centuries, tells of the wondrous power of the blessed wine, which brings salvation to the most pitiful souls.¹ It could have been used, one can imagine, in a sermon on the miraculous power of the cross, also reminding the listeners of the Eucharist and the miracle of the transubstantiation of the wine. Yet, the exemplary tale, told to educate the audience in matters of faith, broadcasts broader underlying notions. Specifically, it conveys a medieval conception of the body-soul that is at once spiritual and physical. It draws a line between sorrow and sin, between moods and spiritual health. In addition, relying on the daily experiences of the audience, the tale falls back on a notion well established since ancient times—that wine is good for uplifting an unhappy mood—and that more broadly, foodstuff and other similar substances can alter one's state of mind. This common lore drew on another entrenched notion: that moods, emotions, and feelings “happened” to the material body. Shaking with anger, trembling with fear, crying from sorrow, or palpitating fervently in love, medieval people considered the body an integral component in emotions.

This “holistic” approach to emotions is known to have been prevalent across numerous pre-modern societies, still we lack a full understanding on how this mode of thought shaped societies and how it came to pass in specific settings. This is, surely, a grand question that can supply numerous studies with a range of leading queries, such as: What were the modes of handling emotions in view of this underlying assumption? How were norms of emotional expression shaped by this approach? How did emotions, an essentially personal experience, commensurate with states of communal emotions? This study addresses

1 The story appears in the *Tractatus de diversis materiis praedicabilibus* of Stephan of Bourbon in Paris, BnF, MS Lat. 15970, fol. 213c-d, but is also included among the exempla of some manuscripts of the fourteenth-century Dominican Philip of Ferrara's *Liber de introductione loquendi* and in the works of his contemporary John Gobi the younger and others.

the first of these questions, in an arguably restricted scenario. Formally speaking, it asks what was learned medicine's positions and methods regarding emotions in the western Mediterranean of the later Middle Ages. This albeit narrow approach is chosen in order to investigate a cornerstone of the history of pre-modern emotions. Learned physicians of the period represent an environment committed to the idea of the hylomorphic body, and were engaged in a constant rapport with the public they served, permitting mutual influences. An analysis of the textual product of physicians with consideration of contemporary parallel sources, such as pastoral texts, allows to uncover, in particular cases, how the psycho-physical nature of emotions was understood and put into practice, how it was instrumental in advice and therapy, and how it served to transform professional roles.

Medical care was an open field in the late medieval period where many practitioners were healers who provided overall care for the body, mind, and soul. Most common healing practices, whether delivered by saints or charms, ignored altogether the partition between the material and the spiritual. Sources of such practices often display a constant mixing of metaphors and allegories that obscure distinctions between the materiality of the body, its mental faculties, and beliefs about the immortal soul. Scholastic medicine, in contrast, was less at ease with conflating these aspects of human nature. For learned physicians, the simplicity of this holism belied its significance. For them, led by a scholastic common sense, if the body and the soul are in a reciprocal relationship in which wine can induce joy and fear can turn the face pale, a host of questions needed explanation. Some of these queries are philosophical in nature, and concern soul-body unity and the dependence of material substances and cognitive processes, while others are more practical. Responsible for the health of the body and its equilibrium, learned medieval physicians were obliged to find ways to treat it when it was being impinged upon by powerful non-material forces associated with the soul. This posed a further challenge as the soul was envisaged mostly in religious terms; the working of its faculties was judged by Christian morality and the care of souls—the *cura animarum*—as placed in the hands of priests. Learned physicians were not trained or licensed to intervene in such treatment. Furthermore, as the above *exemplum* intimates, the physician might be unnecessary in cases where faith and ritual sufficed. Moods, feelings, cognitive states, emotions, and even sensations that occurred in the soul, or in which the soul was involved, were contentious states for the medical profession in the Christian medieval world. Such issues were relevant throughout the Latin world, and in a different guise wherever Galenic medicine flourished. Learned physicians who taught in universities in the western Mediterranean, namely in Montpellier, northern Italy, and the

studium of Salamanca between the thirteenth and fifteenth centuries evinced particular interest in these topics. As these schools were influential to the practice of medicine throughout the western Mediterranean, they determined, in various ways, the professional activity of medical practitioners, shaping their encounters with patients and in the practical treatises they authored.

This geographical area, then, with its plentitude of sources for both medical theory and practice, and equally ample literature on pastoral care composed by clergy and mendicants in Latin and vernacular, allows us to track the evolution of the *accidentia anime*, literally the “happenings of the soul,” its place in late medieval learned medical practice, and the interface with parallel pastoral discourse. This study argues that in these sources we can detect an evolution in the concept of emotions, and notable shifts in interpretations of hylomorphism, in professional discourses, and in the practice of medical care for emotions. In all these respects, the story of late medieval medicine’s *accidentia anime* is pivotal to the history of the psychosomatic view of emotions.

The Accidents of the Soul

The term “accidents of the soul” appears in Latin medieval scholarship through the translations of Galen and Aristotle from the Arabic. There are only two occurrences of the term in the *Patrologia Latina*, both from sections dealing with medicine: one in Hugh of St. Victor’s *Didascalicon* (c. 1096–1141) in the chapter on medicine, while the other by an anonymous author that attempted to follow Hugh’s footsteps. Both authors reiterate Galen’s textbook, the *Tegni*, perhaps through its summary in Johannitius’s *Isagoge* (809–873). The latter included “accidents of the soul” among the “non-naturals” (*res non naturales*) which influence a person’s health (the other elements being air, food and drink, sleep and wakefulness, exercise, and purging).² This inclusion was based on a short sentence by Galen in which he warned of unbalanced emotions:

2 These factors already show up in Hippocratic writings and later appear more systematically in Galen’s *Tegni*. They obtain the title of a category in Johannitius’s *Isagoge* and the number (six) from Haly Abbas (d. 944). On the concept of the six non-naturals, see Saul Jarcho, “Galen’s Six Non-Naturals,” *Bulletin of the History of Medicine* 44 (1970): 372–377; Peter H. Niebyl, “The Non-Naturals,” *Bulletin of the History of Medicine* 45 (1971): 486–492; L.J. Rather, “The ‘Six Things Non-Natural,’” *Clio Medica* 3 (1968): 337–347. Luís García-Ballester traced the idea of six non-naturals in Galen’s commentaries to Hippocrates: Luís García-Ballester, “On the Origin of the ‘Six Non-Natural Things’ in Galen,” in *Galen and Galenism: Theory and Medical Practice from Antiquity to the European Renaissance*, ed. Jon Arrizabalaga et al. (Aldershot: Ashgate, 2002), IV, 105–115.

It is befitting this body that it shall avoid overabundance in all the accidents of the soul, and I mean by this anger, sorrow, joy and wrath and envy, for all these accidents of the soul move the body and draw it from the natural disposition.³

It is with the translation of Galen and Johannitius into Latin in the twelfth century that we find the term “accidents of the soul” emerging in the medieval West. As we know from current studies on medieval emotions, other words were available to describe such phenomena, chief among them *passiones*.⁴ Another translation of these works circulating in the period preferred the more commonplace term “passions of the soul.” However, “accidents” came to be the commonly applied term in the medical discipline, at least up to the late fourteenth century.⁵ Leaving for later a terminological analysis, the use of a word that was specific to medicine and hardly used outside it, a kind of *terminus technicus* for such a commonplace state as emotions (or passions), points to its presence in a kind of semantic enclave in late medieval medicine. This was an enclave that was at once very much attached to an understanding of the “passions” in the period, but was also unique to the field of medicine. The choice of the term signifies that medicine conceived of states such as anger, sorrow, and joy as having particular meanings within the medical outlook. Medicine’s relevance, and potentially idiosyncratic input to our understanding of emotions, is further suggested by the primary meaning of *accidentia* and *passiones* in medical texts as ailments of the body. Moreover, as medicine always had a practical end, this study will further examine how medicine’s particular views shaped notions of medical practice with regard to emotions. It is in the encounter with the patient, or with the world outside the medical milieu, that idiosyncratic “accidents” would meet socially and culturally conceived emotions. Of course, medicine and society are entwined. Though the western

3 “Et convenit habenti hoc corpus ut prohibeatur a superfluitate in omnibus accidentibus anime et significo per accidentia anime nostre iram, tristitiam, gaudium et furorem et inuidiam, nam ista omnia accidentia anime immutant corpus et extrahunt ipsum a dispositione naturali.” *Liber Tegni Galieni*, in *Articella* (Venice, 1483), fol. 186v.

4 Barbara H. Rosenwein, “Emotion Words,” in *Le sujet des émotions au Moyen Âge*, ed. Piroška Nagy and Damien Boquet (Paris: Beauchesne, 2009), 93–106; Carla Casagrande and Silvana Vecchio, “Les théories des passions dans la culture médiévale,” in *ibid.*, 107–122.

5 “Abstinere vero manifestum est quoniam ab intemperamentia oportet omnium anime passionum scilicet ire tristicie et gaudii et furoris et timoris et invidie et sollicitudinis. Exterminant enim hec et mutant corpora ab ea que est secundum naturam consistentia.” *Liber Tegni Galieni*, in *Articella* (Venice, 1483), fol. 186v.

Mediterranean shared an intellectual tradition, its local learned communities developed in distinct ways and the circumstances of each environment influenced the engagement of medicine with the problem of the living soul. As emotions were thought to reside in the flux between body and soul, physicians had to navigate between medical knowledge about the body and cultural and religious conventions. Pastoral theology and devotional practices were thus central among the extra-medical issues that needed to be negotiated. The local and social considerations of learned communities contributed in turn to physicians' flexibility and openness to non-medical thought. An additional concern of this study is therefore how learned medicine dealt with these different ideas about emotions and what drove the choice to maintain exclusive discourses or, alternatively, to engage with other modes of thinking.

Medicine in the Christian Lands of the Western Mediterranean

The western Mediterranean was the cradle of Latin Galenic medicine. It was from twelfth-century Salerno that the basic medical texts arrived and it was in Toledo that the first wave of translations of natural philosophical works was produced. In the next century these texts came to be the basis of a new European learned medicine, but it was in the southern regions that we can find a large and diverse territory in which Galenism was active. As demonstrated by Michael McVaugh in his influential study *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285–1345* there was a growing interest and even a dependency on learned Galenic medicine in the daily life of Aragon in the late Middle Ages. There, despite a flourishing medical market of practitioners of various kinds, a university education, usually gained in Montpellier, was appreciated throughout the kingdom for its rational foundation.⁶ Research on Italy, Iberia, and Provence has shown these findings to be applicable in other parts of the western Mediterranean.⁷ There was therefore

6 Michael R. McVaugh, *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 1993).

7 See, for example, Katharine Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton, N.J.: Princeton University Press, 1985); Nancy G. Siraisi, *Taddeo Alderotti and His Pupils: Two Generations of Italian Medical Learning* (Princeton, N.J.: Princeton University Press, 1981); Luís García-Ballester, "The Construction of a New Form of Learning and Practicing Medicine in Medieval Latin Europe," in *Galen and Galenism: Theory and Medical Practice from Antiquity to the European Renaissance*, ed. Jon Arrizabalaga et al. (Aldershot: Ashgate, 2002), vii, 75–102; Iona McCleery, "Medical Licensing in Late Medieval Portugal," in *Medicine and the Law in the Middle Ages*, ed. Wendy J. Turner and Sara M. Butler (Leiden: Brill, 2014),

a specific stratum of university-educated physicians throughout the western Mediterranean whose ideas radiated to life beyond the universities. Since this study tackles a particular aspect of Galenic medicine and its application to practice, this vibrant influence throughout southern Europe is of import. The western Mediterranean is particularly enlightening because its diverse lands, political rule, languages, and communities invite the assessment of a variety of cultural and social impacts on medical practice.

Emotions in the Medical Sources

The negotiation between professional knowledge and cultural conventions carried particular weight in the case of emotions as, by and large, references to the topic in Galenic and Hippocratic writings were brief.⁸ In some respects, the topic lay at the periphery of medical knowledge, which may help to account for the habitual brief mention of the topic in histories of medieval medicine.⁹ The accidents of the soul were not regular *materia medica* and it was unclear how they should be managed or averted by means of medicine.¹⁰ Yet the care of the body demanded an understanding of the workings of the soul in the living body. For physicians who belonged to the higher tier of learned medicine, it was therefore necessary to elaborate on this issue in both their classroom teaching and practice. Commentaries, *quaestiones*, compendia of medical practice (*practica*) and case studies (*consilia*), and regimen literature show the topic to be pivotal to understanding and treating patients' health. These texts, composed mostly in Latin in the university milieu of Montpellier and Northern Italy, as well as in the elite courts of late medieval European, constitute the main body of sources for this study. In them, accounts of emotions

196–219; Geneviève Dumas, *Santé et société à Montpellier à la fin du Moyen Âge* (Leiden: Brill, 2015), Ch. 4.

- 8 Galen's main treatment of emotions is found in his philosophical writings; for example, see Richard Sorabji's discussion of Galen's approach to the relationship between body and soul in emotions, which is based particularly on his reading of Galen's philosophical/psychological essay *Quod animi mores corporis temperamenta sequuntur*: Richard Sorabji, *Emotions and Peace of Mind: From Stoic Agitation to Christian Temptation* (Oxford: Oxford University Press, 2000), 253–260.
- 9 Luke Demaitre, for example, mentioned emotions almost solely with respect to melancholy which required careful emotional care. Luke E. Demaitre, *Medieval Medicine: The Art of Healing from Head to Toe* (Santa Barbara: Praeger, 2013), 139.
- 10 Joseph Ziegler, *Medicine and Religion c. 1300: The Case of Arnau de Vilanova* (Oxford: Oxford University Press, 1998), 153–154.

range from crude instructions to analyses of the influence of the accidents of the soul on the body. They thus provide us with a layered look at the period's medical view of the emotions and their role within the psychosomatic system of human beings.

As befits such a layered topic, emotions have been studied in three distinct areas of the history of medicine. Theories of the soul and its influence on the body has been one direction.¹¹ Another is the medical conceptions of mental illnesses and madness, an inquiry that combined more learned texts and broader practices of medicine and healing.¹² Thirdly, the specific category of the accidents of the soul, which was been somewhat neglected until recent years, offers a basic analysis of the topic. Pedro Gil-Sotres devoted several chapters to the *regimen sanitatis*' treatment of emotions between the twelfth and fourteenth centuries and offered a very clear account of the bodily changes triggered by each emotion.¹³ Several scholars followed this approach looking at medical thoughts on specific emotions.¹⁴ While these studies provide

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- 11 See, for example, Mark D. Jordan, "The Construction of a Philosophical Medicine: Exegesis and Argument in Salernitan Teaching on the Soul," *Osiris* 6 (1990): 42–61; Mathew Klemm, "A Medical Perspective on the Soul," in *Psychology and the Other Disciplines*, ed. Paul J.J.M. Bakker and Sander W. de Boer (Leiden: Brill, 2012), 275–295.
 - 12 Mary F. Wack, *Lovesickness in the Middle Ages: The Viaticum and Its Commentaries* (Philadelphia: University of Pennsylvania Press, 1990); Wendy J. Turner, *The Care and Custody of the Mentally Ill, Incompetent, and Disabled in Medieval England*, *Cursor Mundi* 16 (Turnhout: Brepols, 2013); Sari Katajala-Peltomaa and Susanna Niiranen, eds., *Mental (Dis)order in Later Medieval Europe* (Leiden: Brill, 2014); Elizabeth W. Mellyn, *Mad Tuscans and Their Families: A History of Mental Disorder in Early Modern Italy* (Philadelphia: University of Pennsylvania Press, 2014).
 - 13 Pedro Gil-Sotres, "Introduction," in *Regimen sanitatis ad regem Aragonum*, ed. Luís García-Ballester and Michael R. McVaugh, *AVOMO* x.1 (Barcelona: Seminarium Historiae Scientiae Barchinone, 1996), 803–827; idem, "Modelo, teórico y observación clínica: las pasiones del alma en la psicología médica medieval," in *Comprendre et maîtriser la nature au Moyen Âge: Mélanges d'histoire des sciences offerts à Guy Beaujouan* (Geneva: Droz, 1994), 181–204. Additional studies on emotions in medieval medicine include: Alessandro Arcangeli, "Gioia e tristezza nella tradizione Galenica (circa 1275–1525)," in *Piacere e dolore: materiali per una storia delle passioni nel Medioevo*, ed. Carla Casagrande and Silvana Vecchio (Florence: SISMEL, 2009), 171–185; Fernando Salmón, "The Pleasures and Joys of the Humoral Body in Medieval Medicine," in *Pleasure in the Middle Ages*, ed. Naama Cohen-Hanegbi and Piroska Nagy (Turnhout: Brepols, forthcoming).
 - 14 See for example the collection by Elena Carrera that includes papers on fear and anger: Elena Carrera, ed., *Emotions and Health, 1200–1700* (Leiden: Brill, 2013) and Béatrice De-laurenti's study on learned medicine's approaches to the notion of compassion, which is closely related to emotions, in her *La contagion des émotions: compassion, une énigme médiévale* (Paris: Classiques Garnier, 2016).

a thorough review of emotions within late medieval medicine they mostly concern themselves with the turn of the fourteenth century and the development of theories, rather than the context in which these theories arise. Such reciprocity between the medical ideas on emotions and the surrounding culture come more to light in Sandra Cavallo and Tessa Storey's study of the six non-naturals in Italian regimens of health, which includes a chapter on emotions.¹⁵ The present study follows this emerging literature and aims to add to it by broadening the scope of the discussion. Examining a longer period, a wider selection of texts, and situating the learned medical discourse of emotions in the context of the contemporary developments in penitential discourse of the topic, this study problematizes the place of emotions in late medieval medicine and offers an analytic account of their history.

As emotions were understood to be at the periphery of the body, and to have moral and spiritual implications, doubts were raised regarding the mandate of learned physicians to treat them. An examination of the treatment of emotions and the shifts in their discourse provides a view of the interaction between medicine and society in the period. In providing guidance in matters of the soul, the authors of medical works reveal how they perceived their discipline and its boundaries. These boundaries were drawn and redrawn for different social and cultural settings. Ideas about emotions follow a long continuum across centuries and cultures, the presentation and management of which were subject to change. These changes were determined, if only subtly, by the specific environment in which medicine was practiced.

Accidents of the Soul in the Christian Context

The development of learned medicine in the thirteenth century corresponded with a growing interest in the soul in the wider academic milieu. This interest was partly scientific in nature and partly fueled by a dual-pronged theological effort to identify the "movement" towards sin and to encourage repentance. Alongside the erudite *summae* and commentaries on natural philosophy of the soul and on moral theology, around 1215 a literature of instruction for confession and penance was written for the clergy, who were responsible for absolving sin and assisting in the salvation of souls. Sermons and treatises on vice and virtue disseminated these ideas to the Christian public.¹⁶ The passions of

15 Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), 179–208.

16 On the diverse literature on sin, see the work of Richard Newhauser, for example Richard Newhauser, ed., *In the Garden of Evil: The Vices and Culture in the Middle Ages*, Papers in

the soul, and particularly the deadly sins, were central to this academic and religious engagement, whether they were discussed qua the “nature of man” or qua sin. The two strands were also intimately linked, as can be seen in how confession manuals approach anger or envy, relying on Aristotelian psychology regardless of the author’s religious affiliation.¹⁷

Medical engagement with emotions on the one hand, and pastoral engagement with emotions on the other, share a common ground. The university setting promoted the transfer of knowledge between faculties but also among specific scholars. As has been demonstrated in recent years, medicine and theology constantly converged. Whether engaging with similar questions or relying on knowledge from other fields, the intellectual culture produced in the era profited from an atmosphere amenable to cross-disciplinary exchange. In addition, clergymen sometimes studied medicine, and some of these were active as physicians or surgeons; at the same time, they performed rituals of healing that ranged from exorcism to bestowing the sacraments.¹⁸ Learned medicine, once considered a secular domain, has been shown to have made use of charms and prayers, as well as having generally accepted the healing efficacy of Christian ritual.¹⁹ From the viewpoint of a public seeking health services, medicine and religion could easily overlap. Moreover, analogies abound in the descriptions of the priest, particularly at the moment of confession, and the physician. A recurrent trope held the pastor as “physician of the soul.”

Mediaeval Studies 18 (Toronto: Pontifical Institute of Mediaeval Studies Press, 2005). On its dissemination, see Ian P. Wei, *Intellectual Culture in Medieval Paris: Theologians and the University, c. 1100–1330* (Cambridge: Cambridge University Press, 2012); Spencer E. Young, *Scholarly Community at the Early University of Paris: Theologians, Education and Society, 1215–1248* (Cambridge: Cambridge University Press, 2014).

17 See discussion in Chapter 1.

18 The range of convergence is clear in Joseph Ziegler, *Medicine and Religion*, in Peter Biller and Joseph Ziegler, eds., *Religion and Medicine in the Middle Ages* (Woodbridge: York Medieval Press, 2001); Angela Montford, *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries* (Aldershot: Ashgate, 2004); Maaike van der Lugt, *La ver, le démon et la vierge: Les théories médiévales de la génération extraordinaire* (Paris: Les Belles Lettres, 2004); Denis Renevey and Naoë Kukita Yoshikawa, eds., *Convergence/Divergence: The Politics of Late Medieval English Devotional and Medical Discourses*, special issue of *Poetica: An International Journal of Linguistic-Literary Studies* 72 (2009); Naoë Kukita Yoshikawa, “Holy Medicine and Diseases of the Soul: Henry of Lancaster and *Le Livre de Seyntz Medicines*,” *Medical History* 53 (2009): 397–414; Naoë Kukita Yoshikawa, ed., *Medicine, Religion and Gender in Medieval Culture* (Woodbridge: D.S. Brewer, 2016).

19 Lea T. Olsan, “Charms and Prayers in Medieval Medical Theory and Practice,” *Social History of Medicine* 16 (2003): 343–366; Matthew Milner, “The Physics of Holy Oats: Vernacular Knowledge, Qualities and Remedy in Fifteenth-Century England,” *Journal of Medieval and Early Modern Studies* 43 (2013): 219–45.

Meticulous examination of the wounds (sins) of the patient (sinner) and application of the correct remedy (assigning satisfaction) to heal the sickness (to absolve sin) was expected from both these care providers, as repeatedly mentioned in the manuals of confession.²⁰ Of course, on the deathbed, the last healing rite, and the last word, belonged to the priest.²¹ Clearly then, the Christian culture in which late medieval medicine functioned ought to stand as a main point of reference.

The case of the emotions (accidents, passions) sheds further light on these analogies. As noted above, an undercurrent of shared ideas flowed about emotions and the faculties of the soul. Yet in their function, teleology, and morality, each discipline related to particular meanings of emotions. Medicine and religion generally maintained two distinct discourses on emotions, the former engaged with the worldly body, the latter with the eternal soul. On occasion, however, the trajectories of these discourses shifted: it was at precisely moments of converging or even merging that we are bound to question why.

Histories of Emotions

The terms “accidents of the soul,” “passions,” and “emotions” call for clarification. The texts under consideration use the terms *accidentia anime*, *passiones anime*, and, at times, *passiones animi* to denote “emotions” as understood in a modern sense, although they include within this rubric a wider variety of cognitive and sensory states. Still, following scholars of medieval emotions, we may use with due caution the modern word as an “umbrella term often designating any feature that belongs to the field of affectivity.”²² Yet in doing so we must keep in mind that sensibilities of other periods may not be strictly comparable to those of contemporary women and men. In particular it is

20 This argumentation appears in Canon 21 of Lateran IV in *Decrees of the Ecumenical Councils*, ed. Norman P. Tanner (London: Georgetown University Press, 1990), 245; see also Chapter 3.

21 Canon 22 of Lateran IV in *Decrees of the Ecumenical Councils*, ed. Tanner, 245–246. See also Darrel W. Amundsen, *Medicine, Society, and Faith in the Ancient and Medieval Worlds* (Baltimore: Johns Hopkins University Press, 1996), esp. Chapter 9.

22 I quote here Damien Boquet and Piroska Nagy, “Medieval Sciences of Emotions in the 11th–13th Centuries: an Intellectual History,” *Osiris* 31 (2016): 21–45. This view is shared by others as well, see Barbara H. Rosenwein, *Emotional Communities in the Early Middle Ages* (Ithaca: Cornell University Press, 2006); Peter King, “Emotions in Medieval Thought,” in *The Oxford Handbook of the Emotions*, ed. Peter Goldie (Oxford: Oxford University Press, 2010), 167–188.

necessary to question the semantic fields in which words appear in order to identify whether, for example, affective states were endowed with a spiritual meaning. In an attempt to identify these underlying notions, I take a focused view, considering specifically how the “field of affectivity” was conceptualized and represented in a particular professional discourse. Borrowing from William Reddy, this investigation further reveals norms of emotions that substantiated the period’s “emotional regime.”²³

The history of medieval emotions can be divided between research on the theory of emotions that follows a history of ideas methodology, and those devoted to the study of social and cultural manifestations of emotions.²⁴ While this divide is gradually narrowing, there is still a need to consciously consider the connections between theories and practices.²⁵ As a discipline constructed on the ties between theory and practice, learned medicine is a sensitive arena of developing discourses through which these links may be viewed. Moreover, in taking up the medical view of emotions an oft-slighted issue is brought to the fore, to wit, in the Middle Ages emotions were thought to “take place” in the body. The negotiation of personal feelings, cultural norms, societal expectations, and moral judgement, all aspects much discussed in the history of the emotions, was informed by the body, its conceptualization and its representation. The task of incorporating these viewpoints has already been picked up by scholars, but there is as yet no comprehensive investigation of emotions in learned medicine, thus leaving the social and cultural context largely overlooked. This study seeks to fill this lacuna.

The history of emotions is perhaps most helpful when the uncovering of ideas, concepts, and vocabularies of emotions contribute to identifying shifts

23 William M. Reddy, *The Navigation of Feeling: A Framework for the History of Emotions* (Cambridge: Cambridge University Press, 2001).

24 Significant studies in the history of ideas include Simo Knuuttila, *Emotions in Ancient and Medieval Philosophy* (Oxford: Oxford University Press, 2004); Damien Boquet, *L'Ordre de l'affect au Moyen Âge. Autour de l'anthropologie affective d'Aelred de Rievaulx* (Caen: Publications du CRAHM, 2005); Martin Pickavé and Lisa Shapiro, eds., *Emotion and Cognitive Life in Medieval and Early Modern Philosophy* (Oxford: Oxford University Press, 2012). On the social and cultural display of emotions, see Barbara H. Rosenwein, *Emotional Communities in the Early Middle Ages*; Carol Lansing, *Passion and Order: Restraint of Grief in the Medieval Italian Communes* (Ithaca: Cornell University Press, 2008).

25 Examples of more syntactic studies include Esther Cohen, *The Modulated Scream: Pain in Late Medieval Culture* (Chicago: University of Chicago Press, 2010); Sarah McNamer, *Affective Meditation and the Invention of Medieval Compassion* (Philadelphia: University of Pennsylvania Press, 2010); Carla Casagrande and Silvana Vecchio, *Passioni dell'anima: Teorie e usi degli affetti nella cultura medievale* (Florence: SISMEL, 2015).

and singularities in a given context. In her recent book, Barbara H. Rosenwein charted a method for doing such history by focusing on personalities whose work on emotions, examined within the context of their life, can be shown as markers for the changing mentalities more widely.²⁶ Most of the protagonists of this study are less well known and the time span studied is shorter but the essence of Rosenwein's methodology for doing history of emotions has been employed here. Toward the goal of identifying shifts in the discourse of emotions, this study is divided into two thematic sections which follow a certain chronological flow. The first part concerns the construction of thought regarding the accidents of the soul and investigates the emergence of two parallel discourses on the soul. Taking the Latin learned tradition produced in the university milieu of Bologna, Padua, and Montpellier in particular, and where applicable extending my analysis to less formally learned texts, in this section I analyze the understanding of the accidents of the soul within medicine and with reference to pastoral theology from 1200 to 1500. I pay particular attention to the concept of "sin" as against "passions" or "accidents," how these were thought to function within human nature and how the disciplines of medicine and pastoral care were expected to manage them. In the second part I deal with two case studies from the late fourteenth and fifteenth centuries which reveal striking deviation from the largely established approach discussed in the first section. Though some of the fundamental trends documented in the first part remain unchanged, we find here evidence for medical discourse of the accidents that has been heavily influenced, even conflated, with pastoral thinking and discourse. Each chapter considers a particular group of texts produced in close proximity to each other, both geographically and chronologically. In some cases it could also be argued that the sources are representative of some form of a textual sub-community (within the large learned medical milieu); however, it is probable that some of the authors cannot be linked to one another on the basis of acquaintance or specific shared readings. And yet I argue that if we consider the treatment of the accidents of the soul, the link between these texts appears, pointing to a kind of an "emotional community" whose members discuss together particular emotions, or emotions in general. Furthermore, these case studies help capture the interaction between the general scene of the western Mediterranean and specific, smaller-scale developments in Castile and northern Italy, suggesting that in this history of emotions ideas and theories filtered back and forth within cultural settings. This fluidity is noteworthy in the late medieval learned medical profession, where we find

26 Barbara H. Rosenwein, *Generations of Feeling: A History of Emotions, 600–1700* (Cambridge: Cambridge University Press, 2015).

theory and practice beginning to inform each other more conspicuously than ever before, though it may be argued that a parallel process occurred in the pastoral care of the period as well. Underlying these chapters is the notion that physicians served as active agents of culture in their societies, taking part in the construction of emotional and behavioural norms by establishing and disseminating a language of emotions via vocabulary, conceptualization, and practice.

Beginning with terminology, Chapter 1 analyses the vocabulary employed to categorize the accidents and passions of the soul, and the changes in this language throughout the period under study. Beginning with the terminology and taxonomy employed by medieval texts is essential in order to differentiate it from those used in modernity. Its key sources are practical Latin medical texts and medical works written in vernacular Italian and Spanish. These are contextualized within contemporaneous categories in natural philosophy and pastoral theology. I discuss the distinctive genres, focusing on their audience, authors, and usage to shed further light on the environment that produced these texts and prescribed these particular vocabularies. As this literature demonstrates, a variety of mental states were categorized as “accidents of the soul” or “passions of the soul” in medieval texts. The accidents ranged from cognitive processes, such as thought and meditation, to character traits such as timidity or gestures like laughter in addition to more “expectable” emotions (e.g., anger or sorrow). The taxonomic variations are fundamental to understanding how medicine conceptualized the influence of the soul, its affects, and their intrinsic role in human functioning. These categories were not static; their evolution over time (which included the addition of other events and states, such as meditation and hope) suggests a profound change in medicine’s perception of this topic. My survey of this vocabulary concentrates on semantics and the cultural use of particular words in order to detect how non-medical terminology filtered into medical texts. I also document the expanding variety of words used in medical texts from the late fourteenth century on, notably terms derived from religious discourse. Beyond the philological aspect of this chapter, its examination of lexical categories will lay the foundation for understanding medicine’s theorization of emotions and the boundaries it set for the actual treatment of the accidents in practice. Thus, for example, it will enable us to assess the interface between variant categories and taxonomies, such as mortal sins and virtues vs. passions, and to offer a preliminary basis for the further investigation of medicine’s conceptualization of emotions.

How medical authors understood how emotions functioned, especially with regard to the body-soul relationship lies at the centre of Chapter 2. This issue is fundamental to explicating the role of medicine and its practitioners vis-à-vis

accidents of the soul. Among the topics reviewed are the seat of affects, senses and passions; how these were perceived to impact body and soul; and the more philosophical question: Can the soul be moved? These theoretical issues bear implications for medical care and medicine's ability to influence mood and emotions. From the earliest Latin discussions in Salernitan medicine, it is apparent that medicine did not hold one single doctrine concerning the accidents of the soul, but rather many doctrines. The Greek and Arabic traditions upon which medieval scholars built offered conflicting ideas regarding the relationship between body and soul, giving rise to numerous formulations. The looming presence of Aristotelian investigations of the soul, particularly through the widely read and interpreted *De anima* on the one hand, and the ethical and Christian considerations of the passions on the other, contributed to other concepts about the workings of emotions. In close readings of commentaries related to Hippocrates's *Aphorisms*, Galen's *Tegni*, and Avicenna's *Canon*, as well as other theoretical literature used in the basic study of medical thought, this chapter demonstrates perceptible movement in the medical discourse on emotions, from a focus on the body (primarily in the thirteenth and fourteenth centuries) to a more pronounced preoccupation with the soul in the fifteenth. I contend that this shift is intimately related to ongoing discussions in this period on the physician's authority to care for the soul.

The actual care for emotions and soul is the topic of Chapter 3, which presents an overview of the methods physicians prescribed for altering emotional states. These are then compared with the pastoral practices of preachers and confessors, making it possible to identify distinctive and sometimes parallel means of treatment, as well as the roles physicians, priests, or preachers assumed in achieving them. Material remedies to change complexional imbalance, advice regarding behaviour and cognition, and spiritual counseling are among the methods of care studied; the value of speech, the process of interrogating the penitent or patient, and the moral guidance proffered are also examined in this chapter.

Echoing the debate over the role of the physicians, a survey of the advice provided by physicians suggests that towards the fifteenth century there was a growing inclination to offer moral judgment and religious advice in medicine. Thus, while late twelfth- and early thirteenth-century writers (John of Toledo [d. c. 1275], for example, and his contemporaneous enigmatic Peter of Spain) recognize emotions solely as manifestations of humoural imbalance, physicians such as Taddeo Alderotti (1223–1295), Arnau de Vilanova (1240–1311), and Maino de Maineri (d. 1368), active in the early thirteenth through the fourteenth centuries, acknowledge the cognitive workings of the emotions, referring to them as activities related to the soul's sense-perception. The fifteenth century

(and somewhat earlier among Castilian authors) witnesses a further change: explicit moral judgment was attached to the faculties of the soul, and corrective regimens echo Christian religious teachings derived from concepts of sin and virtue. Later texts appear to offer religious faith and observance as medical “treatments” for emotional imbalance, supplementing or replacing the material or cognitive advice that was common previously. Significantly, this shift is neither linear nor unilateral: the material and behaviour-cognitive treatment methods remain evident throughout the period discussed. Nevertheless, a closer scrutiny of two examples allows further insight into the incidents where the treatment of emotions shift.

Chapter 4 focuses on texts produced in Castile (and to some extent broader Iberia) from around 1350 to 1450. At their core are the works of Juan de Aviñón (fl. 1320–1381) and Estéfano de Sevilla (fl. 1380), physicians employed contemporaneously at the court of Pedro Barroso, Archbishop of Seville, whose manual for penitents illuminates the discourse on emotions and accidents of the soul in this particular cultural context. Another key author is Alfonso Chirino (c. 1365–1429), a physician who served at the court of King Enrique III of Castile. These texts, apparently addressed to lay readers, are concerned primarily with general regimens to preserve and restore health. Though each of these writers obtained his medical education through informal study outside the university, they all exhibit professional knowledge and familiarity with the principal academic texts. Their discussions of the soul and its accidents rely heavily on religious discourse, and they specifically advocate Christian doctrine as a means of therapy for the soul. Tracing the advice and exhortations in their texts, I suggest possible sources of influence and argue that these physicians were not seeking to distinguish between disciplines in the manner of earlier, university-based works. While their integration of religious faith and science is obvious not only in their view of the soul but in their fundamental approach, it is most conspicuous regarding accidents of the soul, which they situate squarely within the discourse of Christian morality and spirituality. In my view, these Castilian works are heavily indebted to the intellectual milieu in which they were written, which, rather than a university setting, was one of penitential teaching. This is not to imply that the products of the university were unknown to them; academic texts such as inquiries and commentaries were brought to Castile, and there were certainly copies of contemporary medical texts in intellectual centres like Seville and Salamanca. Nevertheless, it seems that their physical, and perhaps also intellectual, distance from the more established academic centres enabled some Castilian medical authors to elaborate on topics that had been viewed traditionally as beyond their professional purview. Castilian medical discourse of the soul seems to have been shaped as well by

the multi-confessional nature of Iberian societies in which Jewish and newly converted physicians were more prominent than in other lands of the western Mediterranean. This may have been among the reasons for the avid display of Christian religiosity by Christians and newly converted authors.

The manner in which the medical treatment of emotion was susceptible to external ideas is further revealed in the discourse on mourning and melancholy found in the first half of fifteenth-century Italy. The fifth chapter, therefore, moves on to discuss prolific Italian physicians such as Ugo Benzi (1376–1439), Bartolomeo Montagnana (1380–1452), Giovanni Matteo Ferrari da Grado (d. 1472), Antonio Cermisone (d. 1441), and Baverio Baviera (d. 1480). Each of these produced numerous *consilia*, in which, between their stylized lines and impersonal remedies, one may detect evidence of actual advice physicians offered to patients. While these cases often follow a standard practice of care, closer inspection reveals the meticulous attention paid to the specific conditions of certain individuals and the similarly specific recommendations for them. The cases examined in this chapter, which concern mourning and melancholy, lay bare the degree to which cultural trends permeated medical advice. As we know from studies conducted on the rituals, funerals, and the customs and laws concerning mourning, northern Italian towns were highly engaged in monitoring public mourning.²⁷ Consolation literature flourished in the period too, exemplifying humanistic sensitivities and structuring displays of private grief.²⁸ Melancholy, in turn, was deeply meditated upon by philosophers and poets, becoming in some way the marker of the intellectual milieu.²⁹ Surveying relevant literary, epistolary, and penitential texts, this chapter shows the influence of humanist and religious themes on both the language and medical

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- 27 Catherine Kovesi Killerby, *Sumptuary Laws in Italy 1200–1500* (Oxford: Oxford University Press, 2002); Sharon T. Strocchia, *Death and Ritual in Renaissance Florence* (Baltimore: Johns Hopkins University Press, 1992); Carol Lansing, "Gender and Civic Authority: Sexual Control in a Medieval Italian Town," *Journal of Social History* 31 (1997): 33–59; idem, *Passion and Order: Restraint of Grief in the Medieval Italian Communes* (Ithaca, NY: Cornell University Press, 2008).
 - 28 George McClure, *Sorrow and Consolation in Italian Humanism* (Princeton: Princeton University Press, 1991); Margaret L. King, *The Death of the Child Valerio Marcello* (Chicago: University of Chicago Press, 1994); James R. Banker, "Mourning a Son: Childhood and Paternal Love in the *Consolatoria* of Giannozzo Manetti," *History of Childhood Quarterly* 3 (1976): 351–62.
 - 29 Angus Gowland, *The Worlds of Renaissance Melancholy: Robert Burton in Context* (Cambridge: Cambridge University Press, 2006); Cavallo and Storey, *Healthy Living in Late Renaissance Italy*, 179–188; Noel L. Brann, *The Debate over the Origin of Genius during the Italian Renaissance* (Leiden: Brill, 2002), 15–81.

advice used in these cases. Since the shift towards non-medical language is not apparent in all extant examples, it is necessary to consider the circumstances which led to this change. These might include the status of the patients (who often rank among the influential and powerful); the personal preferences of the physician (some are more inclined than others to delve into the spiritual realm); or the nature of the illness and whether or not it points specifically towards the patient's mood and cognitive state. Chapter 5 concludes with the suggestion that Italian physicians of this period participated in the social construction of emotions by virtue of increasing direct encounters with patients, and that this led to a disruption and conflation of traditional disciplinary boundaries.

The emotions indeed may have been at times a liminal or peripheral topic in medicine. Nonetheless, they constitute a window onto the formulation of professional boundaries and the relationship between natural philosophy, medical theory, and medical practice. As I hope to show in the following chapters, from their treatment we can learn the ways in which medieval medicine approached the faculties of the soul as well as the relationship between body and soul. Moreover, such examination, based on sources written in the western Mediterranean, the investigation into the discourse on the accidents of the soul uncovers the seams attaching medicine to the culture in which it was practiced. In fact, I argue that the roles of medicine and physicians were defined, in a very real way, in resonance with the treatment of the soul.

Accidents, Passions, Habits, and Sins

Linguist Anna Wierzbicka begins her intricate analysis of the language of emotions with a remark on culture. The word *emotion*, she writes, “combines in its meaning a reference to “feeling,” a reference to “thinking,” and a reference to a person’s body.”¹ Yet, she warns, taking for granted this meaning may “reify [the] inherently fluid phenomena which could be conceptualized and categorized in many different ways.” Wierzbicka’s caution, directed toward the culturally specific language of emotions, is no less germane to historical research. The study of medieval emotions demands similar attention to the significations that terms of emotion carried in their respective societies and cultures. Moreover, Wierzbicka’s thesis, namely that the conceptualization of emotions itself is culturally dependent, is highly pertinent to pre-modern European thought. The very absence of the term “emotion” in medieval languages signals that this realm of phenomena was structured along different lines than it is in the modern world. Medieval sources, in fact, reveal a number of roughly equivalent taxonomies which were developed in specific fields of thought, such as natural philosophy, canon law, and medicine. The terms *accidentia anime*, *passiones anime* or *animi*, *affectio* convey distinct meanings, while the states they incorporate vary. Disregarding categories, however, can lead to conceptual misunderstandings. This is particularly relevant for such “emotion words” as *invidia*, *ira*, or *tristitia*, which carry particular connotations in pastoral, medical, and philosophical discourses. Predating modern scholars such as Wierzbicka who are attentive to the complexity of psycho-physical dynamics, medieval scholastics grappled passionately with these questions. Less formally, physicians and priests attempted to identify emotions and distinguish them from other mental and sensual phenomena. Lexical and terminological choices reveal their conceptualizations of this highly variable issue. The vocabulary of emotions, then, serves as an illuminating gateway to ideas about the role of the soul in generating and maintaining health.

Following analyses of the culturally specific use of the language of emotions provided by Wierzbicka and others, an examination of medieval Latin and vernacular “emotion words” requires awareness of the semantic field in which

1 Anna Wierzbicka, *Emotions across Languages and Cultures: Diversity and Universals* (Cambridge: Cambridge University Press, 1999), 2; Anna Wierzbicka and Jean Harkins, “Introduction,” in *Emotions in Crosslinguistic Perspective*, ed. Anna Wierzbicka and Jean Harkins (Berlin: Mouton de Gruyter, 2002), 1–34.

a word appears; meanings are dictated by circumstances. This has already been made apparent concerning the term *ira*, which, when it pertains to God, bears a wholly different moral implication than does the violent, criminal *ira* that leads to homicide.² Such sensitivity to the shifting use of language among medieval authors has been promoted by Barbara Rosenwein, who proposed to glean the meanings of emotions in a particular culture from the sources it produced.³ Taking up this method of research, the development of disciplinary languages of accidents, passions, habits, and sins provides an account of the vocabulary with which physicians of the thirteenth to fifteenth centuries engaged in thinking about the occurrences of the soul. This survey of the vocabulary employed in a number of medical genres of the period enable us to learn from the sources themselves what their authors considered accidents, or passions of the soul. A principle finding is that there was no set lexicon. The listing of “emotion words” in texts dedicated to the soul reveals evidence of an expansion of the vocabulary used by physicians over the three centuries. In the highly traditional and textually based discipline of scholastic medicine, such fluidity raises questions concerning the forces that led to this change. A set vocabulary defines the boundaries of discourse and outlines that which ought to be considered, in this case by the medical discipline. The analysis of the “words of emotions” reveals how medicine perceived its role in caring for emotional states and how this notion changed over time. These words from medical treatises can be used to summarize, document, and teach the fundamentals of medical practice. However, a full understanding of the lexical shifts requires that we go beyond the field of medicine, to contextualize medical vocabulary with contemporaneous categories in pastoral theology and natural philosophy. These parallel formulations of emotions invite a consideration of shared or divergent notions both lexically (i.e., word choice) and ethically (i.e., the identification of certain states as healthy/unhealthy or sinful/virtuous).

Sources and Methodology

Within the wide medieval medical market, learned physicians constituted the most clearly defined stratum. A budding profession, reared in the schools of medicine in a common language and assigned the same text-books of ancient

2 Barbara H. Rosenwein, ed., *Anger's Past: The Social Uses of an Emotion in the Middle Ages* (Ithaca: Cornell University Press, 1998).

3 Barbara H. Rosenwein, “Emotion Words,” in *Le sujet des émotions au Moyen Âge*, ed. Piroška Nagy and Damien Boquet (Paris: Beauchesne, 2009), 93–106; eadem, *Generations of Feeling: A History of Emotions, 600–1700* (Cambridge: Cambridge University Press, 2016), e.g., 82–87.

and Arabic authorities on medicine and natural philosophy, they formed a textual community of knowledge and principles of theory. Their learning distinguished them in their communities' medical market; they usually served the wealthy and charged high sums for their work. Moreover, from the thirteenth to the fifteenth centuries, these learned practitioners came to be a closely knit, highly valued professional group. The growing attempt to regulate the activity of unlearned practitioners indicates that this milieu gained political influence over time. But it also suggests the spreading appreciation for the theoretical underpinnings of discipline.⁴ Southern Europe, which had *studia* in close proximity and municipal and royal endorsement of a public engagement with its graduates, saw this development particularly early.⁵ Within the centres, in Montpellier, Bologna, Padua, and later Siena, Florence, etc., there developed a tradition of medical learning with core texts to be read and commented upon. Original texts, which relied and referenced a shared medical worldview, were also composed. It is from these that we learn how the practice of learned medicine was envisioned. Research into the specific schools has shown the variation that developed among them, not only with regard to curricula, but also in style and topics of interest.⁶ Certain schools of thought were born in Montpellier or Padua, distinct with respect to style, content, or degree of engagement with the more practical, hands-on aspects of the profession. Yet these were not self-enclosed groups, secluded in their particular locales. Students came from afar and then returned to their homeland, spreading the output of the schools, its textual production, throughout the western Mediterranean. The influence of Montpellier's scholarship in the early fourteenth century, for example, was

4 For a summary of the research on licensing, see Iona McCleery, "Medical Licensing in Late Medieval Portugal," in *Medicine and the Law in the Middle Ages*, ed. Wendy J. Turner and Sara M. Butler (Leiden: Brill, 2014), 196–219, esp. 198–201.

5 Vern L. Bullough, *The Development of Medicine as a Profession* (Basel: S. Karger, 1966); idem, *Universities, Medicine and Science in the Medieval West* (Burlington: Ashgate, 2004); Katharine Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton: Princeton University Press, 1985); Luis García-Ballester, Michael R. McVaugh, and Agustín Rubio-Vela, *Medical Licensing and Learning in Fourteenth Century Valencia*, Transactions of the American Philosophical Society 79 (Philadelphia: American Philosophical Society, 1989); Michael R. McVaugh, *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 1993); Geneviève Dumas, *Santé et société à Montpellier à la fin du Moyen Âge* (Leiden: Brill, 2015).

6 On the development of curricula of medical studies in Italy, see Vern Bullough, "Medieval Bologna and the Development of Medical Education," in *Universities, Medicine and Science* iv, 47–61; Nancy G. Siraisi, *Arts and Sciences at Padua: The Studium of Padua before 1350* (Toronto: Pontifical Institute of Mediaeval Studies, 1973). For Montpellier, see Laurence

vividly present in Castile later in the century, and certain commentaries by Bologna's teachers also travelled.⁷ In addition, as some of the treatises discussed below reveal, alongside traditions of learning the surrounding environment shaped medical practice. Service to the court and relationships with the townspeople could direct the interests of professors of medicine as much as it did practitioners plying their trade.

Thus, both intra- and extra-professional circumstances contributed to the role of the physician and to his craft. The push and pull of these elements in medicine's care of the soul in general, and of emotions in particular, was foundational. Nevertheless, in the interests of presenting a lexical study of emotions in medical texts the textual tradition itself and the perceptible currents within the use of the language of emotions can be of profit. The care of the soul was discussed in learned medicine within two main arenas: the first of these was the treatment of diseases that relate to the faculties of the senses and cognition—mostly diseases located in the head—while the second concerned the overall management of the soul through feeling and behaviour. Since we are primarily interested here in identifying terminology and as the care of the soul is often engaged without implicit reference, a very strict methodology of direct mentions of “words of emotions” is utilized. This method provides a finite group of texts which can be scanned and compared. The second principle was to refrain from inspecting commentaries that were reactions to ancient texts but to base the survey on more independent compositions (though surely they all also react to the authoritative textbooks they read). As *regimina* (*Regimina sanitatis*) and *consilia* make up the bulk of the local tradition of the medieval Mediterranean, it is these genres that are mostly represented. The broad picture over particular texts led to avoid the inclusion of all *regimina* and *consilia* and texts available for the lists of emotions provided. Mostly *incunabula* and editions were relied upon where available, comparing them to

Moulinier-Brogi, “L’originalité de l’école de médecine de Montpellier,” in *La medicina nel Medioevo: la “Schola Salernitana” e le altre*, ed. Alfonso Leone and Gerardo Sangermano (Salerno: Laveglia, 2003), 101–126. See also Cornelius O’Boyle, *The Art of Medicine: Medical Teaching at the University of Paris, 1250–1400* (Leiden: Brill, 1998).

7 Lluís Cifuentes, “Université et vernacularisation au bas Moyen Âge: Montpellier et les traductions catalanes médiévales de traités de médecine,” in *Université de médecine de Montpellier et son rayonnement (XIIIe–XVe siècles): Actes du colloque international Méditerranée occidentale (Université Paul Valéry—Montpellier III), 17–19 mai 2001* (Tournhout: Brepols, 2004), 273–290; Joseph Shatzmiller, “La faculté de médecine de Montpellier et son influence en Provence: témoignages en hébreu, en latin et en langue vulgaire,” in *Université de médecine*, 291–294; Guy Beaujouan, *Science médiévale d’Espagne et d’alentour* (Aldershot: Ashgate, 1992).

manuscripts.⁸ Sources from physicians who showed some resonance in their culture were mined, yet other less known authors are included to allow taking the pulse of the medical profession with regard to emotions. A similar approach has been taken with regard to the literature of pastoral care, both with respect to the format of sources and to the fame and influence of the authors. The identification of “emotion words” in these texts permits us to see changes in the sources produced in certain geographical, chronological, and professional contexts, and to note trends in the discourse of emotions. Certainly, these shifts were not final, for throughout the period earlier texts were copied, circulated, and taught. Nonetheless, the newly produced literature signals new directions that appear in this highly traditional culture of learning with regard to the accidents, or passions, of the soul.

The Sixth Non-Natural

The non-natural factors (*res non naturales*) necessary for the preservation of health were introduced to Western medical literature through the translations of Greek and Arabic theoretical medicine.⁹ Galen's *Tegni* and later Johannitius's *Isagoge* systematised the theory of the influence of the non-naturals, coining the term that would later be translated into Latin as “accidents of the soul.” Medieval Latin commentators would thereafter expound on the nature and relevance of this category to medical practice, and show its practical application.¹⁰ Thus, from the early thirteenth century to the fifteenth century a section

8 This comparison is important seeing that most incunabula were arranged by printers and do not represent fully the original works. See Nancy G. Siraisi, “Avicenna and the Teaching of Practical Medicine,” in *Medicine and the Italian Universities, 1200–1600* (Leiden: Brill, 2001), 63–78, esp. 73.

9 Hippocratic writings make random references to the factors that constitute the non-naturals; they appear in a more systematic manner in Galen's *Tegni*. Such factors obtain the title of a category in Johannitius's *Isagoge* and the number (six) from Haly Abbas (d. 944). On the concept of six non-naturals, see Saul Jarcho, “Galen's Six Non-Naturals,” *Bulletin of the History of Medicine* 44 (1970): 372–377; Peter H. Niebyl, “The Non-Naturals,” *Bulletin of the History of Medicine* 45 (1971): 486–492; L.J. Rather, “The ‘Six Things Non-Natural,’” *Clio Medica* 3 (1968): 337–347. Luís García-Ballester traced the idea of six non-naturals in Galen's commentaries to Hippocrates: Luís García-Ballester, “On the Origin of the ‘Six Non-Natural Things’ in Galen,” in *Galen and Galenism: Theory and Medical Practice from Antiquity to the European Renaissance*, ed. Jon Arrizabalaga et al. (Aldershot: Ashgate, 2002), IV, 105–115.

10 Cornelius O'Boyle, *The Art of Medicine: Medical Teaching at the University of Paris, 1250–1400* (Leiden: Brill, 1998), Ch. 3. On the method of commentary used in medical education in

was customarily designated to discuss this category in the various texts produced by learned physicians.

While the evolution of medical literature on the accidents of the soul has received a certain degree of scholarly attention, the intricacies of its language and presentation have been somewhat neglected. This begins with the category of the sixth non-natural itself, which appears under a number of terms. Medieval medical texts were quite traditional, regularly rehearsing long-held views; the object of the sixth non-natural seems to have broken that mold. The term *accidentia anime* or *passiones anime* were in common use, though some authors preferred the terms *passiones animales*, *passiones animi*, or *motus anime*. This lexical multiplicity might be summarily written off as happenstance. Thus, Bartholomaeus of Salerno (fl. 1150–1180), for example, noted briefly in his commentary on the *Tegni* that accidents are also called passions. Historian of medicine Pedro Gil-Sotres similarly considered the variety of terms in the *regimina sanitatis* insignificant, stating that they reflected only an author's environment and sources of influence, whether medical (accidents) or philosophical (passions).¹¹ The two lines of textual transmission through the translations from Greek, completed by Burgundio of Pisa, and from Arabic by Gerard of Cremona, perhaps also figured into the equation, as they employed a range of terms.¹²

Despite Gil-Sotres's convincing reading of the situation, this indifferent alternation bears implications for the matter in question. The marked flexibility of the category of emotions throughout the period points to conceptual uncertainty and lexical insecurity. Thus, a shift toward *motus* in some fifteenth-century medical tracts (a shift that foresees further evolution in language) and the alternating words chosen for the second element in the compound term, further alert us to the importance of the terminological multiplicity. The fluidity of terminology, or rather the acceptability of using (and sometimes almost

general and especially on Galen's *Tegni*, a key textbook in the period, see Nancy G. Siraisi, *Taddeo Alderotti and His Pupils: Two Generations of Italian Medical Learning* (Princeton, N.J.: Princeton University Press, 1981), 290–296; Per-Gunnar Ottosson, *Scholastic Medicine and Philosophy: A Study of Commentaries on Galen's Tegni, ca. 1300–1450* (Naples: Bibliopolis, 1984), 253–270.

- 11 On emotions in the *Regimina sanitatis*, see Pedro Gil-Sotres, "Modelo, teórico y observación clínica: las pasiones del alma en la psicología médica medieval," in *Comprendre et maîtriser la nature au Moyen Âge: Mélanges d'histoire des sciences offerts à Guy Beaujouan* (Geneva: Droz, 1994), 181–204, esp. 182–183.
- 12 Jon Arrizabalaga, *The Articella in the Early Press, c. 1476–1534* (Cambridge: Wellcome Unit for History of Medicine; Barcelona: Department of History of Science, CSIC, 1998), 14.

inventing) different terms, indicates that the conceptualization of the sixth non-natural was itself malleable. This is especially noteworthy within the setting of medical writing, which tends toward terminological rigidity—the other five non-naturals being cases in point. This lack of rigidity does not seem, however, to have troubled the authors themselves. Only rarely did physicians discuss their choice of terms (Bartholomaeus's short remark being an exception) despite the fact that these terms were not interchangeable. For example, in his *Speculum medicine* Arnau de Vilanova (1240–1311) entitled the chapter on emotions *De accidentibus anime*, calling it the most suitable title, yet within the text he often resorted to the less precise term *passiones cordis*.¹³ Employing this more popular notion in addition to the former, Arnau's text reveals the complexity of the subject matter in non-medical discourse. The interchangeability of terms further evokes the connection between the soul and heart, a contested issue in the case of emotions. Browsing the terms suggested by fifteenth-century physicians, we find that the Milanese physician Giovanni Matteo Ferrari da Grado (d. 1472) in his *consilia* chose to use the term *passiones animales*, drawing a more mediated connection to the soul; and the Florentine physician Antonio Benivieni (1443–1502) in his regimen of health referred to the emotions as *accidentia animi*. That physicians would alternate between these distinct terms—*anima*, *animales* and *animus*—without explaining themselves, points to a degree of conflation of both varieties of occurrences and of the faculties of the soul. Even if such conflation could be accounted for as mere slips or flattening of the language, it would demonstrate the looseness of the concept in question.

Read against the tremendous thrust of other disciplines of contemporary scholastic thought to define the soul and its faculties, this fluidity resonates strongly. The most quoted of medieval authors in surveys of the history of emotions is Thomas Aquinas, who writes on the passions in his *Summa Theologiae*. Thomas's elegance there, in the view of Barbara Rosenwein, recalls modern treatments of the topic.¹⁴ Yet, his definition of *passio* is far from simple, nor uniform. For Aquinas the passions were the product of the appetites rooted in the sensitive soul, but some facets of some passions were driven by the

13 Arnaldus de Villanova, *Speculum medicine*, in *Hec sunt opera Arnaldi de Villanova que in hoc volumine continentur...* (Lyon, 1504), fol. 23v. The chapter opens with this identification of the category: "animi accidentia pro tanto passiones cordis omnes dicuntur: quam cor in eis primo et principaliter patitur. Nominatur autem passiones mentis non formaliter sed potius effective."

14 Barbara H. Rosenwein, "The Mystical Skeleton in the Thomistic Closet: Aquinas's Impassibility," *The Journal of Medieval Religious Cultures* 36:2 (2010): 233–246, n. 23.

intellect.¹⁵ Robert Miner noted that Aquinas distinguished between these two lexically, by naming the first kind *passio* and the second *affectio* or *affectus*.¹⁶ At the same time, while these two strands of “feelings” are quite distinct, some passions, such as love, may appear in both categories, perhaps complicating things more. Further confusing was the fact that other highly renowned contemporary thinkers applied these same terms differently.¹⁷ Thus a similar lexical diversity is found in pastoral thought with regard to the inclination toward sin.¹⁸ It seems, then, that while for some authors word choice is decidedly deliberate (Aquinas is a good example), others, especially of those with a popular orientation, are perhaps not as conscious in their preferences. This categorical ambiguity seems profoundly important for understanding the consideration of the contemporary experiences of the soul. In the case of medical literature it enables a conflation, which, in its different facets, allowed terminological flexibility not only with regard to title but with regard to the phenomena included in the category.

The non-fixed language of medieval medicine on this topic is the result of both internal developments within the discipline and the influence of intellectual and cultural currents in the period. Allowance, however, should be made for the inherent complexity of the topic it attempts to describe. Diverse scholarship on emotions attests the difficulty, and even futility, of using the term “emotions” to make sense of experiences that involve mental and physiological processes.¹⁹ This uneasiness, as Thomas Dixon has proposed, accompanied the emergence of the term as early as the eighteenth and nineteenth centuries.²⁰ Dixon recounts the history of the turn from a multitude of terms (passions,

15 A more elaborate discussion of the intellectual passions appears in Chapter 2. See also Peter King, “Dispassionate Passions,” in *Emotion and Cognitive Life in Medieval and Early Modern Philosophy*, ed. Martin Pickavé and Lisa Shapiro (Oxford: Oxford University Press, 2012), 9–31.

16 Robert Miner, *Thomas Aquinas on the Passions: A Study of Summa Theologiae Ia2ae22–48* (Cambridge: Cambridge University Press, 2009), 35–36.

17 See Simo Knuuttila, *Emotions in Ancient and Medieval Philosophy* (Oxford: Oxford University Press, 2004), Ch. 3.

18 Carla Casagrande and Silvana Vecchio, “Les théories des passions dans la culture médiévale,” in *Le sujet des émotions au Moyen Âge*, ed. Nagy and Boquet, 107–122, esp. 108.

19 Further to the criticism of cultural linguists such as Anna Wierzbicka on the signification of words, hesitance is expressed by philosophers and psychologists. See Carroll E. Izard, “The Many Meanings/Aspects of Emotion: Definitions, Functions, Activation, and Regulation,” *Emotion Review* 2 (2010): 363–370.

20 Thomas Dixon, “‘Emotion’: The History of a Keyword in Crisis,” *Emotion Review* 4 (2012): 338–344.

affects, sensitivities, etc.) to the dominant and all-encompassing category, “emotions.” At first, he argues, the word was employed either as a general term that subsumes the different kinds of experiences, or as “a stylistic variant.”²¹ Over time, the word gained specific content, which enjoyed the advantage of bringing under one rubric distinct notions and privileged mechanistic and secular implications over past religious and mental associations.²² Considering this evolution in terminology, it appears that the subject matter evokes much contention (at least on the European front). The shifts of language evident in medieval medical literature thus point to an ongoing reformulation of the nature of the “sixth non-natural.”

Terminological fluidity lays the ground for reworking concepts. In our case, while the titles physicians suggested all refer to the soul (or parts of the soul) being inflicted by an external force, the broad definition is wide open to interpretations regarding the kinds of occurrences it could include. It is here that we find a key characteristic of medieval medical understanding of the “accidents” or “passions” of the soul. While a modern understanding of the working of the brain and the nervous system identifies distinct cognitive, sensory, and emotional states, medieval medicine spoke of the soul as a whole. Character traits (timidity) may appear together with gestures (laughter) or cognitive actions (intense thinking or meditation); in each and all a function of the soul was assumed, with little differentiation as to duration or interiority. Sex was also often associated with the accidents, not only because of its pleasures but because of the involvement of imagination and desire. Thus, the survey of lists of discouraged or recommended accidents allows us to see more fully the spectrum and shifts in the vocabulary used by physicians in their writings.

Literature of practical medicine provides a basis for this examination of vocabulary. Despite the internal conventions of each genre, these texts had a rather open format that dictated content less than commentary literature did and permitted more innovation. In addition, it may be said that the envisioned interaction with patients embedded in the writing invited consideration of experiential information. This is apparent in the two major genres examined in the chapter, *Regimina sanitatis* (regimens of health) and *Consilia* (case consultations). The two provide general or personal advice regarding healthy management of the “sixth non-natural.” As such they often respond to common habits and practices encountered by physicians. Thus, though written mostly in Latin, which was not the language of the clinic, these practical works offer

21 Thomas Dixon, *From Passions to Emotions: The Creation of a Secular Psychological Category* (Cambridge: Cambridge University Press, 2003), 62–109.

22 Thomas Dixon, “Emotion,” 343.

our most immediate testimony for the formulation of medical treatment of the accidents of the soul. *Regimina*, *Consilia*, and *Practica* formed the basic instruction for physicians and laity on the appropriate conduct of the emotions in times of health and sickness. With caution, we may contend that the vocabulary they employed became the language of emotions associated with medicine.

Medical “Core Emotions”: Thirteenth-Century Medicine

The earliest sources from which we can glean “emotion words,” date to the mid-thirteenth century. In this initial stage of the formulation of learned Latin medicine there were few original treatises that offered practical advice based on learned texts. Those preserved correspond to the genre of *regimina*, written in either epistolary format or as chapters focused on bodily organs, and providing basic health advice.²³ Peter of Spain (1205–1277?) seems to have been among the first Latin authors to pen such works, although, unfortunately, little is certain about him and his practice.²⁴ In addition, Peter’s textual tradition shows much contamination, and his writings were often mistaken as those of a fellow Iberian, John of Toledo (d. c. 1275), whose history is also shadowy.²⁵ These uncertainties prevent us from concluding much about their practice, yet the

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- 23 Pedro Gil-Sotres, “Introduction,” in *Regimen sanitatis ad regem Aragonum*, ed. Luís García-Ballester and Michael R. McVaugh, *AVOMO* X.1 (Barcelona: Seminarium Historiae Scientiae Barchinone, 1996), 513–559; Marilyn Nicoud, *Les régimes de santé au Moyen Âge*, 2 vols. (Rome: École française de Rome, 2007), 61–184.
 - 24 The identity of Peter of Spain has been extensively debated. Scholars agree that the physician was not Pope John XXI, and most probably was neither the Parisian logician. Though little is known of the physician, Nicoud supposes that he acquired his medical education in Paris, see Nicoud, *Les régimes de santé*, 631.
 - 25 Both Gil-Sotres and Nicoud show that the third part of Peter of Spain’s *Summa de conservanda sanitate* “Qui vult custodire sanitatem” and the *Libellus de conservanda sanitate* attributed to John of Toledo are one text with various versions. I will therefore refer here only to the introduction of the *Summa* and to its second part (beginning with the words: “De hisque conferunt et nocent”), as written by Peter of Spain. As noted, accurate detail is scarce regarding both authors and especially for Peter the attribution is suspect. For more about the identification of John de Toledo and on the treatise attributed to him, see Gil-Sotres, “Introduction,” 517–520; Nicoud, *Les régimes de santé*, 100–114. Nicoud refutes the identification (accepted by Gil-Sotres and others) of John of Toledo, the author of the treatise, with either the cardinal or the physician mentioned by Mathew Paris bearing the same name, leaving us with even less verified knowledge about the author.

relevant sections from *Summa de conservanda sanitate* chart what was considered elementary to the medical counsel of emotions. This was not much. In the first part (incipit: “Qui vult custodire sanitatem”), often attributed to John of Toledo, sorrow (*tristitia*) is the only emotion mentioned in the text.²⁶ Timidity and courage (*pusillanimis*, *audacia*) are two other words relating to emotional occurrences that appear in the text, both in relation to the influence of wine.

The other section of *Summa de conservanda sanitate* attributed to Peter of Spain (incipit: “De his que conferunt et nocent”) includes more references. This section of the treatise deals with specific organs and what might benefit or harm them. Thus we read, for instance, that moderate joy (*gaudium*) is beneficial for the heart; joy and delectation are good for the liver; and the head may be harmed by anger (*iracundia*), sorrow, and worry.²⁷ The particular

TABLE 1.1 *Mid-Thirteenth-Century Regimina*²⁸

<i>Qui vult custodire sanitatem</i> (mid-13th century)	<i>De his que conferunt et nocent</i> (mid-13th century)	Taddeo Alderotti: <i>Libellus de conservanda sanitate</i> (1293)
Audacia *	Delectatio Furor Gaudium Ira (iracundia) Letitia	Letificabitur
Pusillanimis*	Sollicitudo Timor	
Tristitia	Tristitia Tumor	

* Concerning the influence of wine.

26 “et in partibus inferioribus guttam et gravitatem in toto corpore et tristitiam” Melk, Stiftsbibliothek, MS 728 (967), 56v. See also, “The Walcourt Manuscript: A Hygienic Vademecum for Monks,” ed. L. Elaut, *Osiris* 13 (1958): 199.

27 H. Da Rocha Pereira, *Obras medicas de Pedro Hispano* (Coimbra: Acta Universitatis Conimbrigensis, 1973), 463, 457. Anger and sorrow are also said to harm the stomach and the liver.

28 Sources for this table include: Taddeo Alderotti, *Libellus de sanitate factus per magistrum Tadeum de Florentia* (Bologna, 1477), Wien, Stiftsbibliothek, Codex Mellicensis 728 (967); Pedro Hispano, *Obras médicas*, ed. Da Rocha Pereira, M, 446–491.

emotions noted may rely on humoural theory, or a more basic assumption that positive emotions are healthy while negative ones are harmful; in line with the list-like style of the treatise, explanations are not provided. Moreover, the list presents very basic emotions that largely correspond with *Tegni's* vocabulary, adding a few “emotions of delight.” Over the next century, this list will recur in similar texts, expanding only little (Table 1.1).

Taddeo Alderotti (1223–1295), writing only a few years later, provides comparable lists of emotions. Unlike Peter of Spain and John of Toledo, however, Taddeo is a more well-known historical figure. He was an influential teacher of medicine in Bologna, wrote commentaries, and was the first to leave documentation of his cases in the form of *consilia*, which inform us of his famous clientele. One of these notables was Corso Donati, leader of the Black Guelphs of Florence, to whom he composed a regimen in 1293. Whereas Taddeo's *consilia* was written most probably for fellow physicians, this regimen was directed to a lay reader, less formal and less structured. Emotions as such do not appear here at all, but the advice reiterates the verb “to become glad” (*letificare*) in reference to actions—the wearing of nice clothes and waking up early—that please the heart.²⁹

Taddeo's *consilia*, in comparison, provides a wider list. The *consilia* was a collection of accounts of medical treatment. Some, it seems, record actual encounters with patients, as names and some further details about the patient are provided while others are more general in nature. Taddeo was one of the first medieval physicians to write in this way, and his style is concise, punctuated with only brief theoretical remarks. Over the next two centuries, the *consilia* as a genre will elaborate considerably, developing a more rigid format for the description of the case and the course of treatment. This trend is already apparent in Taddeo's cases, where we find accounts of symptoms, and proposed treatments consisting of a regimen of dietary instructions, medicaments, and surgical intervention.³⁰ The accidents of the soul would be discussed in the regimen section, but out of the six non-naturals it was often the one to be

29 Taddeo's treatise has both a Latin and an Italian version; it is unclear which of these was the original and which the translation. For the Latin versions, see Taddeo Alderotti, *De conservatione sanitatis* (Bologna, 1477), unpaginated. For the Italian: idem, *Libello per conservare la sanità*, ed. Giuseppe Manuzzi (Florence: Tipografia del vocabolario, 1863). For more on the regimen to Corso Donati, see Nancy G. Siraisi, *Taddeo Alderotti and His Pupils*, 273.

30 For further information on the genre of the *consilia*, see Jole Agrimi and Chiara Crisciani, *Les consilia médicaux*, trans. C. Viola (Tournhout: Brepols, 1994); Chiara Crisciani, “Consilia, responsi, consulti: I pareri del medico tra insegnamento e professione,” in *Consilium: Teorie e pratiche*, ed. Carla Casagrande, Chiara Crisciani, and Silvana Vecchio (Florence: SISMEL, 2004), 259–279. See also Nancy Siraisi, “L'individuale nella medicina tra medioevo

overlooked. The list of words is collected from Taddeo’s 142 cases, which range from prescriptions provided for named patients, to general regimens and medicines of various diseases. Only thirty-four of them include the category of advice on the accidents of the soul. In addressing the “emotion words” that come up in the *consilia* I will here disregard the specific context in which they appear; that is, the case in which a word is mentioned. This more particular analysis will be pursued in later chapters—here my interest is vocabulary more generally. Glancing at the cases, it appears that the accidents mentioned resemble the lists provided above in Peter of Spain’s treatise, with two additions: thought (*cogitatio*) and crying (*fletus*). While the second appears again in a handful of other authors, the first, *cogitatio*, will appear in most subsequent *consilia*. Another similar vocabulary list can be found in the *consilia* of Gentile da Foligno (d. 1348).³¹

TABLE 1.2 *Thirteenth- and Early Fourteenth-Century Consilia*³²

Taddeo Alderotti (1223–1295)	Guglielmo Corvi Da Brescia (1250–1326)	Pierre de Capestang (fl. 1299–1313)	Gentile da Foligno (d. 1348)	Albertus de Zancris (fl. 1347)
	Alacritate			NONE
Cogitatio		Cogitatio	Cogitatio	
Delectatio				
Fletus				
Gaudium			Furia Gaudium	
		Jacere		
Ira	Iracundia	Ira	Ira	
Letitia			Letitia	
Sollicitudo	Sollicitudo			
Timor				
Tristitia	Tristitia	Tristicia	Tristitia	

e umanesimo: I ‘casi clinici,’” in *Umanesimo e medicina: Il problema dell’ ‘individuale,’* ed. Roberto Cardini and Mariangela Regoliosi (Rome: Bulzoni, 1996), 33–62.

31 Consider also the list Barnabas Riatinis da Reggio (c. 1300–1365) includes in his *consilium*: gaudium, ira, Letitia, sollicitudo, tristitia. see Edinburgh, University Library, MS 175, fol. 128r.

32 Sources for this table include: Taddeo Alderotti, *I Consilia*, ed. Giuseppe Michele Nardi (Torino: Minerva Medica, 1937); Guglielmo da Brescia, *Die Bedeutung Wilhelms von Brescia*

Early Fourteenth-Century Medicine

Gentile was a student of Taddeo at Bologna, and later a teacher and practitioner both there and at Perugia (see Table 1.2). Like his teacher, he wrote a large number of medical treatises, among them commentaries and *quaestiones* on medical textbooks, such as Avicenna's *Canon*, a regimen for the plague, and a *consilia*.³³ The manner in which the cases were documented betrays the distinct influence of Taddeo's school. Reports are rather short and treatment-focused, often neglecting the full scheme of the six non-naturals, not mentioning the accidents or other elements such as exercise, supposedly when he did not consider them imperative to treatment. This frequent neglect of accidents suggests their secondary role in the medical practice of the time. The limited mention Gentile does make of them indicates that he only considered a specific group of states that were deemed relevant to health and to the sort of medicine he practiced.

The lists of accidents in these early texts reveal basic conventions of medicine as it was formulated in the centres of learning in Italy and Montpellier. With some variation, certain states reappear in the lists, pointing to a shared medical understanding of the fundamental accidents. These recurrent states are: anger, joy (and the almost synonymous delight and happiness), sorrow, worry, fear, and thinking. Apart from thinking, these words are perhaps not surprising, as they recall those recognized today as basic emotions. In modern psychological research, anger, joy, sadness, and fear (often along with disgust and surprise) are considered "prototypes."³⁴ Designated as "core," these emotions are thought to be natural and transcultural, and to constitute the roots of more complex emotional states. Without delving into the various theories on such a notion and their neurological underpinning, the term here is used in order to demonstrate the conventions guiding the ways these medieval physicians regarded emotions. The survey of later medical texts below shows that these "prototype" accidents were the elementary accidents mentioned by

als Verfasser von *Konsilien*, ed. E.W.G Schmidt (Leipzig: Lehmann, 1922); Pierre de Capetang, *Cura contra dispositionem ad paralysim*, ed. E. Wickersheimer, *Bulletin de la société française d'histoire de la médecine* 18 (1924): 103–106; Gentile da Foligno, *Consilia* (Pavia, 1488); for Albertus de Zancris, see Karl Sudhoff, "Ein Konsilium für einen an Blasenstein Leidenden von Magister Albertus de Zancris in Bologna," in *Sudhoffs Archiv für Geschichte der Medizin* 8 (1914/15): 125–128.

33 A full account of the life and works of Gentile in Roger Kenneth French, *Canonical Medicine: Gentile da Foligno and Scholasticism* (Leiden: Brill, 2001).

34 James A. Russell, "Emotion, Core Affect, and Psychological Construction," *Cognition and Emotion* 23:7 (2009): 1259–1283.

physicians. The pervasiveness of the core set of states rehearsed throughout medical literature puts into sharp relief the instances in which the list was expanded to include other types of occurrences. Before turning to these divergences and their motives, let us first substantiate the core findings.

Further support for the existence in late thirteenth- and early fourteenth-century medicine of a set of “core emotions” is found in the contemporary *regimina*. Pedro Gil-Sotres and Marilyn Nicoud have proposed that the genre underwent a significant change in the early fourteenth century, moving from a scheme of chapters arranged according to the members and ailments, or on an epistolary manner of writing, to a scheme of chapters correlating with the six non-naturals.³⁵ This change secured a particular place for the accidents of the soul and ensured that they would be mentioned, if only briefly. Although the regimen of Peter of Spain, which does not follow the six non-naturals scheme, indicates that this shift not be overstated, there was clearly a growing emphasis on the accidents. This change can be noted first in *Le régime du corps* (also distributed under the title *Livre de physique*), a regimen written in 1256 by Aldobrandino da Siena (d. c. 1296–1299) and dedicated to the countess of Provence. With a rather long and detailed chapter on the accidents of the soul, it seems that content followed form in this text (see Table 1.9).³⁶ As a regimen for a non-learned woman *Le régime du corps* was most probably written in medieval French and later translated into Latin and other languages. Such circumstances of a less-formal language and by implication a lay readership, not highly educated but of high standing, likely contributed to the manner in which *regimina* would present their account of emotions. There is some evidence that this genre with its intended readership allowed for further freedom in developing what may have seemed on the fringe of medical knowledge.

In any case, from the fourteenth century on it is rare to find a regimen that does not give at least passing mention to advice on the emotions. The physicians of Montpellier who wrote a regimen for Hugues Aimery, the bishop of

35 Gil-Sotres, “Introduction,” 513–559; Marilyn Nicoud, *Les régimes de santé au Moyen Âge*, 2 vols. (Rome: École française de Rome, 2007), 61–184.

36 Not much is known of Aldobrandino da Siena. The introduction states that the text was written in French, in 1256, for the countess of Provence, Beatrice de Savoie, yet, it seems to have been a later addition not written by Aldobrandino himself. The treatise circulated widely in the period and was translated into Catalan, Italian, Flemish, and Latin. See Danielle Jacquart and Marilyn Nicoud, “Les régimes de santé au XIII^e siècle,” in *Comprendre le XIII^e siècle*, ed. Pierre Guichard and Danièle Alexandre-Bidon (Lyon: Presses universitaires de Lyon, 1995), 201–214, esp. 206–207; Sebastiano Bisson, “Le témoin gênant: Une version Latine du régime du corps d’Aldebrandin de Sienne,” *Médiévales* 21:42 (2002): 117–130.

St. Paul-des-Trois-Châteaux, and the physician Peter Figarola from Valencia who wrote to his sons, offer a schematic list of emotions to be avoided or encouraged. Even Bernard de Gordon (1258–1311), another professor of medicine at the University of Montpellier and the author of the highly diffused *Lilium medicine*, among others, did not expound much beyond listing dangerous emotions. His treatise, *Liber de conservatione vite humane* (1308), which incorporates the accidents within a discussion of the “ages of man,” was ahead of its time with regard to its scope and academic orientation.³⁷ However, even though he devoted one rather lengthy chapter to emotions in general and another long and thoughtful paragraph to the topic in his regimen for children, Bernard avoided specific discussion of the accidents themselves, supplying in its stead lists and quotes. Different is the regimen of Arnau de Vilanova (1240–1311), written for his patron King Jaume II. Arnau, a prolific author of medical works who also taught in Montpellier and served the kings of Aragon, produced a more elaborate account which explained the effect of sorrow and anger on the king’s health and advised how he should refrain from them. One might suppose that in this case the personal relationship allowed this less-succinct transmission of information.³⁸

Yet, this taste for brevity may disclose that which was considered established certainty. Early fourteenth-century treatises confirm that the list of the aforementioned emotions was accepted by physicians with little variation. Joy, anger, worry, and sorrow are mentioned most often, and generally as unhealthy emotions; fear and gladness are also included where authors chose to elaborate more. Terse as these texts are on the topic, it is difficult to know why a particular emotion is included and another is not. In addition, we are left in the dark as to the emotional quality of each term. Thus, for example, we wonder how joy (*gaudium*) is to be distinguished from gladness (*laetitia*), and if indeed they were not thought of as interchangeable.

Brevity and tradition is also maintained in the face of the predicaments of the plague of 1348, which motivated treatises dedicated to preservation against pestilence and, where possible, to treatment. These also took on the form of the six non-naturals with sections on the accidents, in which we see again the

37 Bernard’s biography has been discussed in depth in Luke E. Demaitre, *Doctor Bernard de Gordon: Professor and Practitioner* (Toronto: Pontifical Institute of Mediaeval Studies, 1980). For a discussion of the formulation of *Liber de conservatione vite humane*, its intended educated readers and abundant references to sources such as Galen’s *De regimine sanitatis*, the *Canon* of Avicenna, and Haly Abbas’s *Pantegni*, see Nicoud, *Les régimes de santé*, 199–207.

38 About Arnau and his relationship with his patient, see Gil-Sotres, “Introduction,” 863–867.

basic set—joy, anger, fear, and sorrow. One addition in both Gentile da Foligno's Latin treatise and Jacme d'Agramonte's (d. 1348) Catalan work is imagination. It is an important and telling inclusion, since it seems related to the troubles of the time and to encouraging patients to hold on to positivity in the face of death (see Table 1.3 and Table 1.4).³⁹

TABLE 1.3 *Thirteenth- and Early Fourteenth-Century Regimina*⁴⁰

Guglielmo da Saliceto (1210–1276?)	Arnau de Vilanova (1240–1311)	Bernard de Gordon (1258–1311)	Jordanus de Turre et al. (c. 1335)	Peter Figarola (fl. 1315)	Pietro da Tossignano (c. 1330–1407)
				** Amor (mulierum)	
Gaudium	Gaudium	Dolor Furor Gaudium* Invidia	gaudium	Gaudere	Gaudere
Ira	Ira	Ira Letitia	Ira	Ira Letere	Ira
Sollicitudo	Sollicitudo	Sollicitudo* Suspicio	Sollicitudo	Sollicitudo	
Tristicia	Tristicia	Timor Tristitia* Tumor	Tristicia	Timor Tristicia	

* Emotions listed only as a part of a quotation from Galen's words in the *Tegni*.

** *Amor mulierum* is a problematic term. It is included in the list of emotions because of the use of the word "love," yet it was most probably intended to mean sexual intercourse rather than an emotional relationship. Still, the word love was perhaps chosen to implicitly explain the inclusion of *coitus* under the rubric of the accidents of the soul.

39 On Jacme, and on imagination and plague, see Jacme d'Agramont, *Regiment de presevació de pestilència* (Lleida, 1348), ed. Jon Arrizabalaga, Luís García Ballester and Joan Veny, available on line: http://www.cervantesvirtual.com/obra-visor/regiment-de-preservacio-de-pestilencia-lleida-1348--o/html/fefbfe4c-82b1-11df-acc7-002185ce6064_6.html accessed June 2016.

40 Sources for this table include: Guglielmo da Saliceto, *Summa conservationis et curationis* (Antwerpen, 1495); Arnaldus de Villanova, *Opera medica omnia*, vol 10/1; Bernard de Gordon, "De conservatione vite humane," in *Opus, lilium medicinae inscriptum...* (Lyon, 1574), fols. 886–887. For Jordanus de Torre, Gerardo de Solo, Raymundus de Molleris, and Gerar-

TABLE 1.4 *Plague tracts*⁴¹

Gentile da Foligno (d. 1348)	Pietro da Tossignano (c. 1330–1407)	Jacme d'Agramont (d. 1348)	Licenciado Fores (fl. 1481)	Fernán Álvarez Abarca (1456–1526)
		Alegre Angoxa	Alegrarse Cuydados	Cuydados
Cogitatio Delectabile Fletus Furor Gaudium Imaginatio Ira	Letari Gaudere Ira	 Goig Ymaginació Ira Pahor	 Yra Plazer	 Yra Plazer Solicitud
Sollicitudo Timor Tristitia	Sollicitudo Timor Tristitia	Temor Tristicia	Miedo Tristeza	

do Mercerii, see Karl Sudhoff, “Eine Diäregel für einen Bischof”; see also Pedro Gil-Sotres’s identification of the fourth author in *Opera medica omnia*, vol. 10/1, 547. For Peter Figarola, see Lynn Thorndike, “Advice from a Physician to his Sons,” *Speculum* 6 (1931): 110–114; Petrus Tussignano, *De Regimine Sanitatis* (Paris, 1533). Guglielmo da Saliceto was a surgeon who studied at Bologna and taught there and in Padua as well as in other cities in northern Italy. For a more thorough account of his life, see Jole Agrimi and Chiara Crisciani, “The Science and Practice of Medicine in the Thirteenth Century according to Guglielmo da Saliceto, Italian Surgeon,” in *Practical Medicine from Salerno to the Black Death*, ed. Luís García-Ballester et al. (Cambridge: Cambridge University Press, 1994), 60–87. The four authors of the regimen for the bishop of St. Paul-des-Trois-Châteaux, Hugues Aimery, were all professors of medicine in the University of Montpellier. Brief biographical details about the first three are found in Nicoud, *Les régimes de santé*: Jordanus de Torre (710), Gerardo de Solo (705), Raymundus de Molleris (714). On Gerardo de Solo, see also A.S. Guénoun, “Gérard de Solo et son oeuvre médical,” in *L’Université de médecine de Montpellier et son rayonnement (XIII^e–XV^e siècles)*, actes du colloque international de Montpellier, ed. D. Le Blevec (Leiden: Brill, 2004), 65–73. Pietro da Tossignano (Petrus Tussignano) studied medicine in Padua and taught in Bologna and Padua; for a brief biography, see Nicoud, *Les régimes de santé*, 713.

41 Sources for this table include: Jacme d'Agramont, *Regiment de Preservació de pestilència*; Gentile da Foligno, “Consilium in epidemia,” in *Consilia*; Licenciado Fores, “Tratado util

Arnau provides a rationale behind this list of “core emotions” in his other, more detailed, analysis of the accidents of the soul. This theoretical investigation appears in his *Speculum medicine* and lays out his understanding of the nature of the accidents, their effects, and of the part physicians should play in handling them. Two categories of “passions of the heart,” as they are termed by Arnau, appear in the *Speculum*. The first is of passions that pertain to medical practice; the list of passions would seem, by now, quite expectable: joy (*gaudium*), sorrow (*tristitia*), fear (*timor*), anger (*ira*), verecundia (*shame*), and anxiety or distress (*angustia* later paralleled with *sollicitudo*). Explanations follow on how each alters the body. Among the emotional states irrelevant to medical practice, Arnau mentions love, hate, rancor, hope, and desperation.⁴² These are said to originate in anger, joy, or sorrow and are therefore secondary movements of the basic emotional species. In asserting these two tiers of passions, we may say that Arnau established his own notion of “core emotions” based on the form and degree of physicality they express. The significance of this idea for the role of the physician in treating the passions will be discussed in the following chapter, yet its clear designation of the contours of medical discourse of the emotions is evident.

As a similarly restrictive word choice was chosen by both earlier and contemporary medical authors, we may suppose that the notion of a “basic” or “core” group of emotions for medical purposes was embedded in the medical literature of the time. The absence of a strict set of words may further suggest that this understanding was inherent rather than constructed. Unlike the theological formulation of the seven deadly sins, which identified the core motivators to sin and deliberately organized the consideration of sins through them, medical formulation grew somewhat organically. Although authors were inspired by the authoritative texts of the discipline, they did not quote these verbatim. The non-cohesive vocabulary indicates that some measure of

contra la pestilencia,” Toledo: Catedral R/1010-4, ed. María Purificación Zabía, *Textos y concordancias*, ed. Herrera and Gonzáles de Fauve; for Fernán Álvarez Abarca, see Fernando Álvarez, “Regimiento contra la peste,” Madrid: Biblioteca Nacional 1–100, ed. María Purificación Zabía, *Textos y concordancias*, ed. Herrera and Gonzáles de Fauve; Petrus Tussignano, *Tractatus de peste* (Bologna, 1480). About the authors see Roger Kenneth French, *Canonical Medicine: Gentile da Foligno and Scholasticism* (Leiden: Brill, 2001), esp. Ch. 6. Not much is known of Licenciado Fores, a professor in Salamanca and physician to the Archbishop of Seville. About his work and Fernán Álvarez Abarca’s, see García-Ballester, *La búsqueda de la salud*, 325–329. For Pietro da Tossignano (Petrus Tussignano), see Nicoud, *Les régimes de santé*, 713.

42 Arnaldus de Villanova, *Speculum medicine*, fol. 23v. “proinde non numerat inter ea desiderium et fugam: et audaciam et spem et desperationem et amorem et odium aut rancorem: qui nihil aliud est quam odium inveteratum.”

personal experience and preference also influenced word choice within an expected semantic field considered as the “accidents of the soul.”

Expansion of Vocabulary

Born in the last decade of the thirteenth century, Maino de Maineri (d. 1368) signals the change that the vocabulary of emotions undergoes. Maino was a Milanese physician educated in Paris whose practice took him to courts in Scotland, France, and Italy. To advocate his skill and advance his career, he wrote several treatises on the topic of preservation of health, each dedicated to his patron at the time. As he reworked his advice, his accounts of the accidents and medical intervention also underwent revision.⁴³ Each of the regimens extends slightly the basic list of “core emotions” (Table 1.5). For instance, weariness (*tedium*) and vengeance (*vindicta*) are added to the earlier regimen written in

TABLE 1.5 *Fourteenth- and Fifteenth-Century Regimina*⁴⁴

Maino de Maineri (d. 1368)	Benedetto Reguardati (1398–1469)	Antonio Benivieni (1443–1502)
	Abhomminatio	
	Amor	Amor
Angustia*		Angustatio
Audacia*	Audatia	
	Compassio	
Contentio **		
		Delitia
	Desiderium	
Desperatio*	Desperatio	
	Dolor /Dolor animi	Dolor
	Fletus	

43

Caroline Proctor detected a more emphatic discussion of the ethical significance of balanced emotional behaviour in Maino’s *Compendium regimen sanitatis*, written c. 1336. According to her analysis, this later treatise endorses strongly the responsibility of physicians to care for the passions. Caroline Proctor, *Perfecting Prevention: The Medical Writings of Maino de Maineri* (d. c. 1368) (unpublished Ph.D. diss., University of St. Andrews, 2006), 147.

44

Sources for this table include: Maino de Maineri, *Regimen sanitatis Magnini Mediolanensis* (Paris, 1483), fols. 143r–144v.; Benedetto Reguardati da Norcia, *De conservazione sanitatis*

TABLE 1.5 *Fourteenth- and Fifteenth-Century Regimina* (cont.)

Maino de Maineri (d. 1368)	Benedetto Reguardati (1398–1469)	Antonio Benivieni (1443–1502)
	Furor	Furor
Gaudium	Gaudium	Gaudium
Ymaginatio		Imaginatio
	Invidia	Invidia
Ira (iracundia)	Ira	Ira
Letitia*	Letitia	Letitia
	Misericordia	
	Odium	
Pussilanimitas**		
Sollicitudo	Sollicitudo	Sollicitudo
	Spes	
Tedium	Tedium	
Timor	Timor	Timor
Tristicia	Tristitia	Tristicia
Verecundia		Verecundia
Vindicta	Vindicta	
	Zelotopia	
Zelus**		

* These emotions appear in a chapter on the good regimen for the heart.

** Appearing in *Compendium regimen sanitatis*.

1331; zeal (*zelus*) and exertion (*contentio*), among others, are included in his *Compendium regimen sanitatis* from 1336. No explanation is offered for this extended list, but the clarity of Maino's argument for the necessity of the care of the soul to health indicates his careful attention to the category. Generally, he chose to include terms that constituted a second tier of emotions. Some, such as joy (*laetitia*) and anxiety (*angustia*), appear to be treated as either synonymous states (*gaudium* and *sollicitudo* respectively, in these cases), or manifestations of core emotional states; zeal and vengeance were often considered elaborations of anger and Maino himself draws the connection, and timidity is a characteristic related to fear. While it is difficult to ascertain what

(Rome, 1475), fols. 126r–139v.; Antonio Benivieni, *Antonii Benivienii de regimine sanitatis ad Laurentium Mediceum*, ed. Luigi Belloni (Torino: Società Italiana di Patologia, 1951), 43–45.

role Maino's work played in the evolution of the genre, it is of note that his additions recurred in the works of later authors, in both *consilia* and *regimen* literature.

Maino's inclusion of imagination (*ymaginatio*) in his list of hazardous accidents is one of the striking changes in the category of accident in the next century. Imagination is included as one of the accidents already in the 1348 plague treatises of Gentile da Foligno and Jacme of Agramont. Writing as they did about the plague, their cautionary advice concerning imagination might have been meant as a bulwark against morose thoughts (Table 1.6). If so, it was perhaps more influenced by the notion, pervasive in the period, that delving in the sorrows of death was harmful to the individual body and to society more broadly.⁴⁵ In any case, it appears that towards the end of the fourteenth century, imagination, thoughts, and fantasy were classed under the rubric of the accidents of the soul. Indeed, authors of general regimens of health, *consilia* and other treatises dealing with the six non-naturals, among them Niccolò Falcucci (d. c. 1411), Giovanni Michele Savonarola (1384–1468), Bartolomeo Montagnana (1380–1452), Antonio Benivieni (1443–1502), and Antonio Gazio (1461–1528), offer remarkably extended vocabularies. Despite their individual biographies and employment history, these authors belonged to a community of professional physicians that maintained collegial ties. While we cannot identify precisely who read whom among these contemporary writers, their shared vocabulary signals that the period saw a new fashion for a more elaborate language of emotions. Pain (and pain of the soul), hatred, love, and rancor are among the passions mentioned, contrasting the call of earlier physicians to direct medical attention to emotions with decidedly physical manifestations. Beyond emotions, gestures such as tears and laughter become prevalent, as well as other forms of mental activity: *cogitatio* is mentioned in each of the collections of *consilia* from the period; imagination is also recurrent, along with hope, curiosity, zeal (*studium*), vision, confidence, and enthusiasm (*alacritas*). These additions express a new formulation of the sixth non-natural, which now went beyond the accepted “core emotions.” By relating to non-emotional states, the category was reinterpreted to include a wider set of cognitive and mental occurrences. The following chapters will elaborate on the implications of this shift; for now, it suffices to note that in mentioning them in an undifferentiated manner it is implied that all have similar influence on a person's health. Two shifts occur: the first, an expansion of the “emotion-words” included among the accidents of the soul, and the second, perceived throughout the fifteenth

45 Shona Kelly Wray, “Boccaccio and the Doctors: Medicine and Compassion in the Face of the Plague,” *Journal of Medieval History* 30:3 (2004): 301–322, esp. 309.

TABLE 1.6 *Fifteenth-Century treatises*⁴⁶

Niccolò Falcucci (d. c. 1411)	Antonio Gazio (1461–1528)	Giovanni Michele Savonarola (1384–1468)
	Agonia	
Angustia		Angustia
Audacia		
	Cogitatio	Cogitatio
Delectatio		
	Desperatio	
Fantasia		
	Fortitudo	
Furor	Furor	Furor*
Gaudium	Gaudium	Gaudium
Imaginatio	Imaginatio	Imaginatio
Invidia	Invidia	Invidia*
Ira	Ira	Ira
Letitia		
Odium	Odium	
Pussillanimitas	Pussillanimitas	
Rancor		
Sollicitudo	Sollicitudo	Sollicitudo*
Spes		Spes
	Tedium	
	Terror	
Timor	Timor	Timor
Tristicia	Tristitia	Tristitia*
Turbatio		
Verecundia		Verecundia
Vindicta	Vindicta	

* Listed in a quote from Galen but not discussed.

46 Giovanni Michele Savonarola, *Practica Iohannis Michaelis Savonarole* (Venice, 1547), fols. 20v–21r; Antonio Gazio, *Florida corona medicinae de conservatione sanitatis* (Lyon, 1541), fols. 176r–179v. Little is known about the Florentine physician Niccolò Falcucci, although his work was clearly known and read by his contemporaries. Michele Savonarola,

century, the reformulation of the category itself to include other phenomena on the body-soul spectrum. Geographically these more expansive works arrive from the Italian communes, although by the fifteenth century Montpellier yielded few original works and none fitting this survey, and so at this point any place-based reasoning would be inconclusive.

More evident is the influence of theoretical interests in the nature of the soul on the practice-oriented texts. In bringing within the rubric of the accidents “new” phenomena that are cognitive in nature and involve the body in ways other than those attributed to the “core” accidents, we can see the integration of Avicenna’s psychology into the domain of practice. Avicenna’s theory of the soul and its effect on the body entered into medical curricula both through his *Canon of Medicine* and through his natural philosophical work dedicated to the soul. The influence of this literature is evident already in the commentaries and *quaestiones* of late thirteenth-century physicians in the circle of Taddeo Alderotti. For these physicians, as for theologians of the period, the nature of the mind was a most burning issue.⁴⁷ Yet, throughout the thirteenth and fourteenth centuries, it seems that these questions remained largely theoretical, and were less reflective of the everyday practice of medicine as represented in the relevant texts. The medical scholastic debates addressed various manifestations of the soul in the body and incorporated problems regarding imagination and estimation deriving from Avicenna’s *De anima*, or explanations following Aristotelian appetites. For the most part, however, the *consilia* and *regimina* advice remained within the framework set out by Galen in the *Tegni*. The late fourteenth-century additions to the texts were a sign of the growing affinity of practice and theory within *consilia* literature. This affinity can be detected in the formalized structure of the text, in the insertion of some references to authoritative texts, particularly to texts by Avicenna, and in the fact that typically each of the elements of the six non-naturals is mentioned.⁴⁸

originally from Padua, became a professor of medicine in the university of Ferrara and a physician to the d’Este family. He wrote both in Latin and in Italian. About his period in Padua, his position in the university and his ties with fellow professors, see Tiziana Pesenti Marangon, “Michele Savonarola a Padova: l’ambiente, le opere, la cultura medica,” *Quaderno per la storia dell’Università di Padova* 9–10 (1977): 45–103. Antonio Gazio was a professor of medicine in Padua, see Nicoud, *Les régimes de santé*, 700.

47 Siraisi, *Taddeo Alderotti and His Pupils*, 203–236.

48 Ibid., “Avicenna and the Teaching of Practical Medicine,” in *Medicine and the Italian*, 63–78. esp., 73–78.

Furthermore, it is important to note that the vocabulary expands particularly in *consilia* and *regimen* literature. Other genres of medical practical literature, mostly outside Italy, reveal less of a predilection for such expansion. The lists include largely Italian authors whose accounts fit the *consilia* genre (Table 1.6). This was, however, not the only form of recording case histories. Physicians throughout Europe wrote their notebooks in Latin, Hebrew, and the vernacular. The materials inspected tend toward a more straightforward approach to recording diagnosis and remedies.⁴⁹ This disregard of references to emotions in the dietary advice signals the problematic nature of these concepts in practice, and may hint to the formulaic nature of the Italian *consilia* (Table 1.7). However, any scepticism concerning the elaborate Italian accounts is countered by the sheer volume of the evidence (Table 1.8). Though we may safely surmise that an account of treatment did not necessarily reflect its reality, the repetition of this model by various authors in both collections and single cases allows us to consider their influence on actual practice and habits of medical care. It might be that even if a physician did not offer explicit advice regarding emotional care at each medical encounter, there was still some attention to this aspect of health.

Vernacular vs. Latin

The last group of medical texts to consider here are those written in vernacular languages. These shared sources with the Latin *regimina*, but had a different readership, namely the nobility and the wealthy. The public required a less technical vocabulary, which cohered with the idea of the regimen, which was to offer to patients “medicine without doctors.” Thus in these texts authors catered more to the public taste than to professional norms. This is apparent in the chapters on emotions, which display sensitivity to the stature of the addressee or, to religious and cultural trends. These common features permit

49 Ernest Wickersheimer, “Faits cliniques observés à Strasbourg et à Haslach en 1362 et suivis de formules de remèdes,” *Bulletin de la société française d'histoire de la médecine* 33:2 (1939): 69–92; idem, “Les secrets et les conseils de maître Guillaume Boucher et de ses confrères: contribution à l'histoire de la médecine à Paris vers 1400,” *Bulletin de la société française d'histoire de la médecine* 8 (1909): 199–305; Michael R. McVaugh, “The *Experimenta* of Arnald of Villanova,” *Journal of Medieval and Renaissance Studies* 1:1 (1971): 107–118; and Meir Alguades's Castilian-Hebrew case histories in Biblioteca Palatina de Parma, MS 2474.

TABLE 1.7 *Fifteenth-Century Consilia collections*⁵⁰

Ugo Benzi (1376–1439)	Antonio Cermisone (d. 1441)	Bartolomeo Montagnana (1380–1452)	Giovanni Matteo Ferrari da Grado (d. 1472)	Baverio Baviera (d. 1480)
Accidia				
Alacritas				
Angustia	Angustia	Angustia		
Ansieta ^{tem}		Anxietas		Aspectu locorum profundorum et verticum
Audacia				
Clamor		Clamor		
Cogitatio	Cogitatio	Cogitatio	Cogitatio	Cogitatio
		Confidere		Concupiscentia Confidentia
			Contristitia Curiositas	
Delectatio		Delectatio		Delectatio
Desperatio				Desperatio (de sua salute)
			Difidentia	
Dolor		Dolor		Dolor animi Fidere
		Fletus		
Furor		Furiositatis/Furor	Furor	Furor
Gaudium	Gaudium	Gaudium	Gaudium	Gaudere
Gemitus	Gemitus			
		Imaginatio	Ymaginatio	
		Indagnatio		
Invidia			Invidia	Invidia
		Iocunda		

50 Sources for this table include: Ugo Benzi, *Consilia ad diversas aegritudines* (Pavia, 1496–99); Antonio Cermisone, *Consilia medica* (Venice, 1495); Bartholomaeus de Montagnana, *Consilia cccv. In quibus agitur de universis fere aegritudinibus, humano corpori evenientibus*,

TABLE 1.7 *Fifteenth-Century Consilia collections* (cont.)

Ugo Benzi (1376–1439)	Antonio Cermisone (d. 1441)	Bartolomeo Montagnana (1380–1452)	Giovanni Matteo Ferrari da Grado (d. 1472)	Baverio Baviera (d. 1480)
Ira	Ira	Ira	Ira/ iracundia	Ira
Letitia	Letitia	Letitia	Lachrymas Letitia	Letari
Melanconia		Meditatio (pravas) Melancholia		Melanconia
Metus				
Ocio				
Odium			Odium Pudor Pusillanimitas	
		Risus	Risus	Risus
Rixa		Rixa	Rixa	
Sollicitudo	Sollicitudo	Sollicitudo	Sollicitudo	Sollicitudo
Spes	Spes	Sperare	Spes	Sperare (de salute)
Studium		Studium		
Tedium				
Timor	Timor	Terrefacientes Timor	Timor	Timor
Torpor			Tranquilitas	
		Tribulatio anime		
Tristitia		Tristitia	Tristitia	Tristitia
Tumor		Tumor Vindicta Vociferandi		

& mira facilitate, curandi eas adhibetur modus (Venice, 1497); Giovanni Matteo Ferrari da Grado, *Consilia* (Venice, 1521); Baverio Baviera, *Consilia medica* (Bologna, 1489).

TABLE 1.8 *Fifteenth-Century Consilia*⁵¹

Ugolino da Montecatini (fl. 1401–1406)	Pietro Tommasi (1380–1460)	Gerardo de Berneriis (fl. 1451)	Sozzinus Benzi de Sienna (fl. 1469)	Geremia Simeoni (b. 1466)
Allegrezze		Cogitatio		
Contentare		Furia/furor		
	Gaudium	Gaudium	Gaudium	Gaudium
Ire	Letitia	Ira	Letitia	Leticia
		Leticie	Loqui cum mulieribus	
Melanconie				
Piaveri				
Sollicitudo		Sollcitulo	Sollicitudo	
		Tristicia	Tristicia	
		Vallere sola permanere		

(and even demand) that we view vernacular treatises as a sub-group of medical literature, and yet, geographical provenance may provide a further avenue for analysis. Italian and French authors were largely of the university milieu and so were actively bilingual, producing treatises in both Latin and Italian. Iberian and, to an extent, English and German authors wrote only in the vernacular. This point merits further analysis but here I shall simply mention

51 Sources for this table include: Ugolino da Montecatini, “Consiglio medico di maestr’ Ugolino da Montecatini ad Averardo de’ Medici,” ed. F. Baldasseroni and G. Degli Azzì, *Archivio Storico Italiano*, Series 5 38 (1906): 140–152; Pietro Tommasi, “Consilium itinerarii,” in *Un giudizio di Pietro Tommasi*, ed. A. Benzoni, *L’Ateneo Veneto* 30 (1907): 24–40; Gerardo de Berneriis, *I Consilia di maestro Gerardo de Berneriis di Alessandria (sec. xv)*, ed. Flavio Ballestrasse (Pisa: Casa ed. Giardini, 1970), 31–36; H. Silvestre, “Notice sur le manuscrit de Médecine Bruxelles, Bibliothèque Royale 3204–18,” *Latomus* 14:4 (1955): 548–560; Geremia Simeoni, *De conservanda sanitate: i consigli di un medico del quattrocento*, ed. Mario d’Angelo (Cassacco: Comune di Cassacco, 1993), 106.

that vernacular texts show a range of relationship to the Latin. Remaining within our more narrow focus, that of vocabulary, we see the impact of mono- or bilingualism on the expansion of the customary set of emotion words.

In writing a dietetic dedicated to Borso d'Este (1413–1471), the prolific Michele Savonarola shared his thoughts on the preservation of health with his lay readers. This text was to some degree a work of translation from Latin into Italian. While the framework of popular treatise might have encouraged a less formulaic discussion of the passions, Savonarola's language and general treatment of the topic is fairly akin to what we find in his Latin work. A similar example is to be seen in Girolamo Manfredi's (c. 1430–1493) *Il perché*, first published in 1474. Manfredi, who was a professor of astrology and medicine in Bologna, produced a popular treatise, the first half of which was dedicated to the preservation of health. This was a popular work yet one rooted in academic learning. The organization of the volume, and specifically of the seventh chapter dedicated to *le passion de lanimo*, in the manner of questions of the *problemata* literature, proposed a theoretical reflection on the passions' effects on the physical body, rather than direct health advice. As Carré and Cifuentes have noted, *Il perché* transmitted "the most orthodox philosophical and medical traditions of the period."⁵² This effort to bring Latin thought to Italian readers was thus a task of replication achieved through translation (Table 1.9). The translation process is evident in the language of the *passion de lanimo*, where we find the common extended list of "core emotions" of the period. On the Iberian side, the Latin influence remains salient, but innovation can be perceived both in Alfonso Chirino's (c. 1365–1429) work, and, more substantially, in Juan de Aviñón's (fl. 1320–1381) *Sevillana medicina*. Both physicians were converts from Judaism who practiced medicine in royal and church courts. The emotions added, namely cruelty, piety, and the seven mortal sins, disclose the moral orientation manifest in these works. Incorporating these words within the medical category suggests a reliance on Christian notions and the influence of its portrayal of the soul and its passions. This language, sourced from the religious semantic field, is also evident in some of the Latin medicine produced by Italian physicians, though in a less explicit manner.

In light of the evidence, the turn of the fourteenth century witnessed a growing attention to the rubric of the accidents of the soul. Indeed, alongside the increasing lists of passions proposed here, the discourse on the accidents

52 Antònia Carré and Lluís Cifuentes, "Girolamo Manfredi's *Il Perche*: I. The *Problemata* and Its Medieval Tradition," *Medicine & Storia* x, 19–20 (2010): 13–38.

changed both in quality and in scope. Thus, another aspect of the extension of the language of emotions, not evident on lists, is the growing breadth of the discussion in these rubrics. Once again, we can quantify by measuring the number of lines devoted to the topic. In the early *consilia*, and even in some fifteenth-century works by authors such as Ugo Benzi and Antonio Cermisone, emotions are essentially enumerated. These texts offer only limited advice as to how to maintain the regimen prescribed and do not explain how the emotions mentioned influence the patient. However, this same period witnessed the budding of a new mode of discourse about emotions. This development can be observed in the *consilia* of Giovanni Matteo Ferrari da Grado and Bartolomeo de Montagnana, which offer more generous explications. Thus, whereas the early fourteenth-century Gentile da Foligno simply instructed a patient to refrain from the accidents of the soul and from sorrow, by the end of the century Ugo Benzi instructed one of his patients to refrain from anger, sorrow, *accidia*, hatred, worries, excessive thinking, and fear, while engaging in moderate joy.⁵³ In his turn, Giovanni Matteo Ferrari da Grado suggested means for altering emotional states, supporting the instruction with theoretical notes.⁵⁴ The same trend is apparent when comparing the early *regimina* of Taddeo Alderotti or Arnau de Vilanova with those of the later period, such as, Bendetto Reguardati da Norcia and Antonio Gazio, or of Alfonso Chirino and Juan de Aviñón. To be sure, the tendency of these later works towards verbosity is not limited to the chapters on the accidents. Yet its significance in our case is not merely ornamental. The space added offers new ventures for exploration of the topic, often diverting into arenas previously considered non-medical. Before turning to analyse the reasons for this shift in the discourse of emotions, let us consider how it coincides with developments on the learned discourse of emotions in parallel disciplines. Thus in order to firmly situate this shift in language, we will now examine developments in the pastoral theology of the period.

53 Gentile da Foligno, *Consilia*, non-paginated, case concerning illnesses of the lungs; Ugo Benzi, *consilia*, fol. 9r.

54 "circa passiones animales breviter dicatur: quod gaudere et letari multum convenit immo adhibeantur ei delitiae et amenitates soni et cantus, et pro viribus, quantum possibile est iocundetur. Ista enim ut dixit Avicenna. Vii. Quarti tractatu quarto secundo capitulo confortant virtutem naturalem valde, quare bona sit eius administratio in nutriendo et expellendo superfluitates et id quidem est principium causarum pinguedinis. Fugienda ergo ira, tristitia, timor, curiositas usque dum saltem membra sint ad debitam carnificationem restituta." Giovanni Matteo Ferrari da Grado, *Consilia*, fol. 87.

TABLE 1.9 Vernacular Regimina⁵⁵

Aldobrandino da Siena (d. c. 1296–1299)	Juan de Aviñón (fl.1320–1381)	Estéfano de Sevilla (fl. 1380)	Alfonso Chirino (c. 1365–1429)
Liece	Acidia *		
Angoisse Corrous	Amor		
	Alegria		Alegria
		Angustia	
	Ardidez		
	Avaricia *		
	Crueldad		Crueldad
	Couardua		
	Desamor		
Joie		Gozo	Gozo
	Gula *		
Envie	ymaginacion		
Ire	Invidia	Yra	Yra
		lamentaçion	
	Largueza		
	Luxuria *		
Paours	Miedo		
	Piedad		
	Plazer		
	Saber		
	Saña	Saña	Saña
	Sobervia *		
		Temor	
Tristece	Trassaber		
Honte	Tristeza	Tristeza	Tristeza
	Verguença	Verguença	Verguença
		Vengança	

* Appears as part of the deadly sins.

55 Sources for this table include: Aldobrandino da Siena, *Le régime du corps de maître Aldebrandin de Sienne: Texte français du XIIIe siècle, publié pour la première fois d'après les manuscrits de la Bibliothèque nationale et de la Bibliothèque de l'Arsenal*, ed. Louis Landouzy and Roger Pepin (Geneva: Slatkine, 1978), 31–32; Juan de Aviñón, *Sevillana medicina*, ed. José Mondéjar (Toledo: Arco/Libros, S.L., 2000), 481–492; Estéfano de Sevilla, “Visita y consejo de medicos” Madrid, Biblioteca Nacional MS 18052; Alfonso Chirino, “Menor daño de la

Jacques Despars (1380?–1458)	Giovanni Michele Savonarola (1384–1468)	Girolamo Manfredi (c. 1430–1493)
Être joyeux	Alegreza Angustie	Alegrezza Anxieta Audacia Cogitatione
	Dolori Furia Gaudio	Dolore
	Ira	Imaginatione Invidia Ira
		Odio Paura
	Timore	Timore
	Tristitia Vergogna	Tristitia Vergogna

medicina,” Escorial, ms b.IV.34; É. Roy, “Un régime de santé du XV^e siècle pour les petits enfants et l’hygiène de Gargantua,” in *Mélanges offerts à M. Émile Picot*, vol. 1 (Paris, 1913), 151–159; Giovanni Michele Savonarola, *Libreto de tutte le cosse che se magnano: un’opera di dietetica del sec. xv*, ed. J. Nystedt (Stockholm: Almqvist & Wiksell International, 1988), 174–176; Girolamo Manfredi, *Opera intitolata il Perche alla conservazione della sanità*, (Venice, 1553), fols. 75v–80v.

Passions of the Soul

Setting aside the medical discourse, we leave behind the term “accidents of the soul,” which hardly appears outside medicine. As noted above, philosophy and theology favoured *passiones* or *affectiones*, among other terms, to describe this category of emotions. The reasons for these preferences, as well as the shift between them, have been well charted.⁵⁶ Moreover, the words included in these categories have been identified convincingly. As our interest lies here in identifying the vocabulary of emotions used in the practical sphere, I will refer only briefly to the theoretical accounts of the passions in as much as they lay the ground for the care of souls and for the pastoral articulation of the passions and sins.

The twelfth century saw a notable rise in interest in the defining of emotions. Driving this scholarship was the desire to articulate the nature of sin and the notion of consent through the “first movement” of the will. Thus, contributions of leading thinkers both scholastic and monastic such as Peter Abelard (d. 1142), William of Saint-Thierry (d. 1148), and Aelred of Rievaulx (d. 1167) considered the nature of reaction and the relationship between the various faculties of the soul, proposing different views on the natural, irrational, and voluntary in emotional states.⁵⁷ We see from particular examples, such as Aelred’s understanding of love, that despite psychological exploration of the working of the mind in the formation of emotions, this discourse aimed primarily to explicate the nature of sin and to facilitate moral judgement.⁵⁸ This preoccupation remains essential to discussions of the soul at least until the late fifteenth century. The influence of Aristotelian natural philosophy in the thirteenth century induced investigation into these problems in a more naturalistic and to some degree independent guise. Yet even in the purest literature of natural philosophy, the gaze is on the moral implications of the analysis.

One of the earliest attempts to chart a systematic account of the passions in scholastic philosophy was made by Jean de la Rochelle (d. 1275) in his *Summa de anima* (1234–35). Heavily influenced by John Damascenus, Jean understood the *affectiones* to belong to the irrational appetites, which were pulled in two

56 Among the major contributions to the historical narrative are Carla Casagrande and Silvana Vecchio, *Passioni dell'anima: Teorie e usi degli affetti nella cultura medievale* (Florence: SISMEL, 2015); Damien Boquet and Piroska Nagy, *Sensible Moyen Âge: Une histoire des émotions dans l'Occident médiéval* (Paris: Seuil, 2015); Simo Knuuttila, *Emotions in Ancient and Medieval Philosophy* (Oxford: Clarendon Press, 2006).

57 Damien Boquet and Piroska Nagy, “Medieval Sciences of Emotions in the 11th–13th Centuries: An Intellectual History,” *Osiris* 31 (2016): 21–45.

58 Barbara H. Rosenwein, *Generations of Feeling*, 94–113.

directions, the good and the bad. Four *affectiones leticia, triticia, timor, and ira* are discussed as basic movements from which originate further composite states: *admiracio*, for example, is explained as fear deriving from great imagination, while sorrow (*de alieno*) is envy and sorrow (*de malo alieno*) is mercy.⁵⁹ Despite the analysis of the mind evident in these passages, the main premise remains the articulation of the nature of sin.⁶⁰

Thomas Aquinas took a different approach in his account of the passions in the *summa theologiae*. Following Aristotle's notion of the appetites Thomas charted two subsets of emotions—led by another reading of the concupiscible or irascible appetites. Passions that follow the concupiscible appetite (according to Thomas, passions that arise in reaction to a perception of something good or bad) include love, hate, desire, avoidance, delight/joy, and pain/sorrow. Passions deriving from the irascible appetite (a perception that something is difficult to obtain or avoid) include hope, despair, fear, courage, and anger.⁶¹ Again, the list does not purport to be exclusive but to capture the core states from which further passions might develop. Barbara Rosenwein enumerated fifty passions and ten emotion markers mentioned by Thomas. Some of the passions are examined thoroughly, yet, Thomas, like Jean, seems to have been more interested in understanding the “operating system” that leads the movement of the passions. Moreover, while this detailed discussion aims to arrive at a full theory of the soul, it is still ultimately intended to support practical use, serving as basis for a moral account of vice and virtue.⁶²

Pastoral Theology

The Desert Fathers had already concerned themselves with how theories of the passions and more practice-oriented pastoral theology intersect. During

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- 59 Jean de la Rochelle, *Summa de anima*, ed. Jacques Guy Bougerol (Paris: Librairie Philosophique J. Vrin, 1995), 207–213.
 - 60 Casagrande and Vecchio, *Passioni dell'anima*, 178. Damascenus's influence on Jean de la Rochelle is discussed by Alain Boureau, who points out Jean's concern with the non-physical powers and the implication of grace, as well as the original sins on the production of emotions. See Alain Boureau, “Le statut nouveau des passions de l'âme au XIIIe siècle,” in *Le sujet des émotions au Moyen Âge*, ed. Nagy and Boquet, 187–200.
 - 61 Thomas Aquinas, *Summa Theologiae*, ed. Eric D'Arcy, vol. 19 (Cambridge: Blackfriars, 1967), I–II., 23 a 1. Barbara H. Rosenwein, *Generations of Feeling*, 144–168.
 - 62 This ultimate motivation for the examination of the passion has also been observed in the literature of William of Auvergne, see Casagrande and Vecchio, *Passioni dell'anima*, 93–112.

the late twelfth century, however, this link strengthened markedly, in parallel with a growing emphasis on lay participation in the sacrament of penance, and lay devotion more generally. The prolific handbook literature appearing in the thirteenth century written to educate clergy and mendicants on how to preach and administer the sacraments established the connection between the theories of the passions (sometimes systematically, sometimes less so) and ideas about vice and virtue. It was no real leap to take in bridging the two, since the theories of the passions were already shaped by moral theology, however, there was a step to be taken. For, as the authors of penitential literature noted repeatedly, sins and virtues are not emotions, but moral acts.⁶³ This distinction is an important one. Focusing on vocabulary, it reminds us that, for example, anger in its medical sense is not identical to the sin of anger. In addition, while the list of passions is practically limitless in its theoretical outline, sins and virtues are traditionally restricted to certain phenomena grouped under the list of seven capital sins and parallel virtues.

Nevertheless, emotions and sins share the same *lexis*. It seems almost inevitable that they would have been conflated, especially when we leave the arena of learned theories and consider their use in practice and in lay spheres. When and how such conflation occurs—and does not occur—thus becomes a question. Manuals of confessions were not immune to fashions of the time. Starting with a particular set of sins, these functioned like the lists of core passions. We might think of the confession manual as a sort of ever-expandable mnemonic tool. Treatises on vice and virtue, which proliferated in the later Middle Ages in Latin and in the vernaculars, generally remained within the framework of seven. Yet penitential guides (which were generally devoted solely to sin), whether written for priests or laity, developed the scheme of the seven sins to include their “daughters” and more. While like the *consilia* and *regimen* literature, the guides set out envisioned practice rather than actual encounters between priest and penitent, they offer possible scripts. Furthermore, the manuals tell

63 Richard Newhauser, “Introduction,” in *In the Garden of Evil: The Vices and Cultures in the Middle Ages*, ed. Richard Newhauser (Toronto: PIMS, 2005), vii–xxiii; Richard Newhauser and Susan J. Ridyard, eds., *Sin in Medieval and Early Modern Culture: the Tradition of the Seven Deadly Sins* (Woodbridge: York Medieval Press, 2012); Newhauser’s work on William Peraldus (Guillaume Perault) displays the relationship between sin and passion in particular intricacy: Richard Newhauser, “Sin, the Business of Pleasure, and the Pleasure of Reading: Exemplary Narratives and Other Forms of Sinful Pleasure in William Peraldus’s *Summa de vitiis*,” in *Pleasure in the Middle Ages*, ed. Naama Cohen-Hanegbi and Piroška Nagy (Turnhout: Brepols, forthcoming).

us a great deal about the scope and detail deemed relevant to be included in confession, which were not rigid in nature.

A Note about the Sources

The emergence of confessional manuals as a genre and its relationship to its predecessor, the penitentials, is a matter of scholarly debate. Some scholars have asserted the uniform nature of the writing about the sacrament of penance, which also downplayed the importance of the edict of 1215. Others, particularly Thomas Tentler and Jean Delumeau, began their account of the literature with 1215 as a point of departure for the institution of the practice of confession. Our examination of the vocabulary of emotions in these texts supports a middle position in this dispute. The penitentials were decidedly weighted toward action over intention; as such, emotions occupied little of their textual space. Nevertheless, the inclusion of capital sins as a confessional category subsumed (at least some) passions into the penitential rite. Joseph Goering and Pierre Payer have noted that this subcategory was the most consistent and regularly used scheme in both early penitentials and later manuals of confession.⁶⁴ Nevertheless, the manuals of confession composed with the notion of universal annual confession elaborated on the nature of sins, their degree and the method of inquiry employed by the priest, and thus tell us more than the penitentials about the relationship between sins and passions. These lists consist particularly the words of emotion/sin included in the instructions of what to confess (leaving aside the emotional demeanour of the confessor) in order to best draw the analogy between medical advice on the sixth non-natural and the sins that require penance.

The Early *Summae*

During the first decades of the thirteenth century, several works on the proper performance of the sacrament of penance appeared. Alain de Lille's *Liber poenitentialis* (c. 1128–1202/3), composed at the turn of the century, signals

64 Joseph Goering and Pierre J. Payer, "The 'Summa penitentie fratrum Predicatorum': A Thirteenth-Century Confessional Formulary," *Mediaeval Studies* 55 (1993): 17–18.

the transfer to this new pastoral genre with an elaborate examination of the role of the confessor and of the variety of sin.⁶⁵ Moving from the standard tariff system of penance, this composition proposed that the confessor understand the circumstance of the sin in order to assign correct punishment and offer absolution.⁶⁶ Yet while later manuals will recall the capital sins as a tool for investigating into the penitent's sins, thereby evoking at least some consideration of their state of mind, their feelings, their desires and thoughts, this book focuses on specific acts of sins. Two other early works by Thomas de Chobham (fl. 1189–1217) and Robert of Flamborough (fl. 1208–1213) reside on the similar transitional space. Both treatises make an elaborate account of the work of the priest, with a distinct attempt to organize the investigative questions under rubrics arranged under the scheme of the seven sins. However, the questions themselves (and in Robert's case they appear as questions) do not relate to emotions/sins but again to the acts they yield.⁶⁷ In a similar legal fashion, the Catalan canonist Raymond de Peñafort (1180–1275), composed c. 1220 the *Summa de casibus poenitentiae*. In the four books, one of which is devoted to the sins of matrimony and the others to judicial aspects of penance, specific sinful acts are spotlighted. Yet, Raymond did dedicate a brief chapter to questioning in confession, and listed the capital sins and their “daughters.”⁶⁸

Further short and often anonymous manuals composed and circulated in the thirteenth century manifest the turn towards schemes of confession that centred on the seven capital sins and their sub-groups of sins. An anonymous treatise found in a manuscript in Subiaco lists *ira, rancor, furia, accidia, pusillanimitas, vindicta, invidia, amor, tristitia, timor*.⁶⁹ A *Summa confessionis in foro penitentiali sacerdoti valde necessaria* attributed falsely to Bernger Fredoli, for its part, lists *ira, invidia, gaudere, dolor, accidia, and displicentia*.⁷⁰ Finally, the more famous work of Paul of Hungary lists *invidia, dolor, gaudere, ira,*

65 Alain de Lille, *Liber Poenitentialis*, ed. Jean Longère (Louvain: Éditions Nauwelaerts, 1965).

66 Pierre Michaud-Quantin, *Sommes de casuistique et manuels de confession au Moyen Âge* (Louvain: Éditions Nauwelaerts, 1962), 17.

67 Thomas de Chobham, *Summa confessorum*, ed. F. Broomfield (Louvain: Éditions Nauwelaerts, 1968); Robert of Flamborough, *Liber poenitentialis*, ed. J.F. Firth (Toronto: Pontifical Institute of Mediaeval Studies, 1971).

68 Raymond de Peñafort, *Summa Sti. Raymundi de Peniafort Barcionensis ord. Praedicator de poenitentia et matrimonio cum glossis Ioannis de Friburgo* (Farnborough: Gregg Press, 1967), fols. 465–466.

69 Subiaco, Biblioteca dell'Abbazia, MS cod. CLXX (174).

70 Toledo, Biblioteca del Cabildo, MS cod. 22–13.

rancor, odium, rixa, accidia, displicere, desperatio.⁷¹ These treatises do no more than mention this scheme, but its wide reception is indicative of the attempt to transmit to the broader Christian community the notion that certain passions are moral states that incur sin and require penance.

In the next phase of the manuals, authors in the late thirteenth and the early fourteenth centuries developed the scope of discussion about each of the sins. They offer elaborate lists of questions the priest should ask the penitent. While the main passion words used in these texts are the mortal sins and their (immediate) “daughters,” some words, such as *gaudium* (joy), are added in order to explain the nature of sin. Thus, in Martín Pérez’s work (1316), in which we find specific questions a confessor should ask the penitent, more emotion words appear, including *alegría* and *plazer*. In Bartolomeo da San Concordio’s (1262–1347) *summa*, the alphabetical organization of the work designates particular chapters to each of the capital sins and some of their daughters, thus anger, envy, *accidia*, and despair receive an account that relates to the link between passion and sin, while vengeance is discussed in the chapter dealing with vindication.⁷²

This trend develops further in the early fourteenth-century works of Domenico Cavalca (1270–1342), Jacopo Passavanti (1302–1357), and Astesanus de Ast (d. c. 1330). Each author in his own way highlighted the strong association between sins (and virtues) and the passions. Thus, while not necessarily adding significantly to the vocabulary of emotions, Jacopo Passavanti defined the passions as the source and catalyst for the entire process of the sacrament of penance. Domenico Cavalca chose to organize the chapters of his work according to the passions. Adding a few emotion words (e.g., hope, pain, and several words denoting joy, see Table 1.10 and Table 1.11) he further established a wide array of emotional experiences, which goes beyond those mentioned among the seven capital sins as the basis of sin and repentance. Astesanus dedicated one of the four books of his *summa* to sins and virtues, a deeply rooted genre in its own right. This mix of genres allowed him to explore each of the vices at a level that was uncommon in the juridical penitential literature. Astesanus’s is a scholarly account, rich with reference to previous authorities, especially the *Summa Theologiae* of Thomas Aquinas. It opens with a discussion on the nature of the powers of the soul and later devotes

71 Tortosa, Archivo de la Catedral, MS cod. 253, fols. 22–24.

72 Almost nothing is known of Martín Pérez, the author of the vast *Libro de las confesiones*, although Antonio García y García deduced he was a clergyman. See Martín Pérez, *Libro de las confesiones* (Madrid: Biblioteca de Autores Cristianos, 2002), IX–XXVII.

TABLE 1.10 *Thirteenth-Century confessors' manuals*⁷³

Raymond de Peñafort (1180–1275)	Robert of Flamborough (fl. 1208–1213)
Amor sui	
Clamor	Clamor
	Curiositas
	Deliciar
Desperatio	Desperatio
	Exultatio
Furor	Furor
Horror	
Inepta laetitia	
Invidia	Invidia
Inquietudo	
	Inverecundia
Ira	Ira
Odium (odium Dei)	Odium
Pusillanimitas	Pusillanimitas
Rancor	Rancor
Rixa	Rixa
	Suspicio
	Temeritas
Tristitia	Tristitia
Tumor mentis	

an entire chapter to what he calls the *passions of the soul*. This thorough investigation of vice and virtue sets Astesanus's work apart from the practical manual tradition; it was not intended to be recited by the confessor (as perhaps some parts of Martín Pérez's work may have been used); rather, it aims to provide readers with a basic understanding of the principals of penance. In particular, the chapter on the passions, which follows closely Aquinas's

73 Sources for this table include: Raymond de Peñafort, *Summa Sti. Raymundi de Peniafort Barchionensis ord. Praedicator de poenitentia et matrimonio cum glossis Ioannis de Friburgo* (Farnborough: Gregg Press, 1967); Robert of Flamborough, *Liber poenitentialis*, ed. J.F. Firth (Toronto: Pontifical Institute of Mediaeval Studies, 1971). On Raymond de Peñafort, see Pierre Michaud-Quantin, *Sommes de casuistique*, 34–40. About Robert of Flamborough, who was a confessing priest at the abbey of Saint-Victor in Paris, see J.F. Firth's introduction to the edition of *Liber poenitentialis*, 1–6.

TABLE 1.11 *Early Fourteenth-Century confessors' manuals*⁷⁴

Domenico Cavalca (1270–1342)	Bartolomeo da San Concordio (1262–1347)	Jacopo Passavanti (1302–1357)	Martín Pérez (fl. 1316)	Astesanus de Ast (d. c. 1330)
	Accidia		Açidia	Accidia
Allegrezza			Alegria	
Amor	Amor	Amor	Amor	Amor Audacia Charitas Delectatio Desiderium
	Delectacio			Desperatio
Disperazione	Desperacio Detestacio	Disperazione	Desperaçion	
Dolor				Fuga
Gaudium				Gaudium Horror
	Horror			
Invidia			Enbidia	
Ira				Ira
Letizia			Plazer	
Malincuore				
Odium	Odium			Odium Pusillanimitas
			Rencor Saña	
Esperanza				Spes
Timor	Timor	Paura		Timor
Tribulazioni				
Tristitia	Tristitia		Tristeza	Tristitia
		Vergonga	Verguença	
	Vindicta		Vengança	Vindicta

74 Sources for this table include Domenico Cavalca, *Specchio de' peccati*, ed. Francesco del Furia (Florence: Tipografia all'Inesgna si Dante, 1828); Bartholomaeus de San Concordio (Cologne, 1474); Jacopo Passavanti, *Lo Specchio della vera penitenzia*, vol. 1 (Florence: Ciardetti, 1821); Martín Pérez, *Libro de las confesiones*, ed. Antonio García y García, Bernardo Alonso Rodríguez, and Francisco Cantelar Rodríguez (Madrid: Biblioteca de

theory of the appetites, establishes a premise in light of which sins and virtues are explained.

The new schemes presented by Domenico Cavalca, Jacopo Passavanti, and Astesanus de Ast were not pursued by others; in fact, they can be viewed as an aberration in the landscape of confessional literature. While works written throughout the fourteenth and fifteenth centuries seemed to incorporate, or at least acknowledge the role of emotions in the various stages of confession, these works were oriented to the actual practices employed by the priests. Guido de Monte Rocherii (d. c. 1350), Antonino Pierozzi (1389–1459), and Bernardino da Siena (1380–1444) utilized a wide vocabulary of emotions in their works from the second half of the fourteenth century but this vocabulary does not diverge dramatically from the words of emotion found in earlier works. Perhaps the most visible change is the sensitivity of the authors to the variety of emotional components that lead to sin. Guido explained at length the difference between zealous anger (which is just and charitable) and vengeance that aims to harm but also originates from anger, and yet is sinful. Rather than restricting himself to a simple list of the “daughters” of anger, Guido supplied the reader with etymologies: “*Tumor mentis* is when an angered person, as if inflated, conceives a way and method to hurt he who injured him.”⁷⁵ In the fifteenth century Antonino Pierozzi suggested asking the penitent “whether he is suffering from *accidia* and heaviness such that he dreads the divine good” and “Whether he was so saddened that he wished that he had never been created or born into this world.”⁷⁶ Finally, Bernardino asked the common question regarding envy: “did you feel sorrow in the good fortune of your neighbour? Did you rejoice in the evil of your neighbour?”⁷⁷ Among the questions concerning the sin of anger we find “did you carry rancor against someone

autores cristianos, 2002); Astesanus de Ast, *Summa Astensis* (Lyon, 1519). On Domenico Cavalca, see Carla Casagrande, “‘Motions of the Heart’ and Sins: The Specchio de’ peccati by Domenico Cavalca, OP,” trans. Helen Took, in Newhauser, *In the Garden of Evil*, 128–144. On Bartholomaeus de San Concordio and Astesanus de Ast, see Michaud-Quantin, *Sommes de casuistique*, 54–66.

- 75 “*Tumor mentis* est quando homo iratus quasi inflatus cogitat viam et modum movendi ei qui fecit sibi iniuriam.” Guido de Monte Rocherii, *Manipulus curatorum* (Hagenau, 1508), unpaginated, 2.3.9.
- 76 “Si ita accidiosus et attediatus est quod habuit in horrore bona divina ... Si ita contritatus est quod vellet numquam fuisse creatum vel natum se in mundo.” Antoninus Florentinus, *Confessionale* (Strassburg, 1490), fol. 60r.
- 77 “Se hai avuto tristizia del bene del prossimo. Se ti se’ rallegrato del male del prossimo.” Bernardino da Siena, “La divora confessione volgare o ‘Specchio di Confessione,’” in *Operette Volgari*, ed. P. Dionisio Pacetti (Florence: Libreria Editrice Fiorentina, 1938), 220.

and why?" "Did you, because of anger, offend someone with words (letters)?"⁷⁸ Thus, the context in which these words of emotion appear indicates that while the vocabulary is rather stable there is a heightened significance placed on the emotions as an expressed and acknowledged trigger of action. Nevertheless, as with the case in medical literature, some synonymous words of emotions appear in these works, such as *contristatus* and *placere* in the Latin and *diffidenza* in Italian. Although these do not add new sins to the list, they develop (if only slightly) the vocabulary of emotions. This tendency is all the more apparent in fifteenth-century *summae*, though some modification in the definition of sin is discernible (Table 1.12).

TABLE 1.12 *Fourteenth-Century confessors' manuals*⁷⁹

Guido de Monte Rocherii (d. c. 1350)	Bernardino da Siena (1380-1444)	Andreas de Escobar (1348-1450)	Antonino Pierozzi (1389-1459)
Accidia	Accidia Allegrezze	Accidia	Accidia
Amor Clamor	Contristare*	Amor Cogitatio	Amor Clamor Contristatus
Delectare	Delettazione*	Delectatio	Curiositas Delectare
Desperatio	Diffidenza	Dolor	Desperatio
	Fede Furia		

78 "Se porti rancore ad alcuno, e perchè." "Se, per ira, hai con lettere offeso alcuno." Ibid., 220–221.

79 Sources for this table include: Guido de Monte Rocherii, *Manipulus curatorum*; Antoninus Florentinus, *Confessionale*; Bernardino da Siena, "Trattato della confessione 'Renovamini'" and "La divora confessione volgare o 'Specchio di Confesione,'" in *Operette Volgari*, ed. Dionisio Pacetti, 161–179, 218–231; Andreas de Escobar, *Modus confitendi* (Magdeburg, 1490), unpaginated. Guido de Monte Rocherii was an Aragonese curate. Antonino Pierozzi was the Archbishop of Florence. See Peter Francis Howard, *Beyond the Written Word: Preaching and Theology in the Florence of Archbishop Antoninus 1427–1459* (Florence: Leo S. Olschki, 1995), 1–17.

Table 1.12 *Fourteenth-Century confessors' manuals* (cont.)

Guido de Monte Rocherii (d. c. 1350)	Bernardino da Siena (1380-1444)	Andreas de Escobar (1348-1450)	Antonino Pierozzi (1389-1459)
Gaudium			Gaudium Horror
		Imaginatio	
	Impazienza		
Invidia	Invidia	Invidia	Invidia
Ira	Ira	Ira	Ira
Leticia (inepta)			Leticia
Misericordia	Misericordia		
Odium (dei)	Odio		Odium
	Ozioso *		
	Paura		
	Paziente		
			Placere
Pusillanimitas	Pusillanimo		Pusillanimitas
	Rallegrare		
	Rancore	Rancor	
Rixa			Rixa
Sollicitudo			Sollicitudo
	Speranza		
Tedium			
Timor	Timido *	Timor	Timor
Tristitia	Tristizia	Tristicia	Tristitia
Tumor mentis			Tumor mentis
	Vergognarse	Verecundia	Verecundia
Vindicta	Vendicare	Vindicta	Vindicta

* These words appear only in *Trattato della confessione "renovamini"*.

Among the late fourteenth- and fifteenth-century manuals two main formats appear—the first, which Guido, Antonino, Bernardino, and Bartolomeo de Cai-mi (fl. 1449–96) employed—arranges the book according to the desired order of confession; the second, found in the works of Baptista de Salis (d. 1494) and Angelus Carletus (1411–1495), follows an alphabetical scheme. Angelus added a chapter on inquiry in which he listed questions to be included in confession and referred readers to the chapters in which each topic is developed in

greater detail. Both Angelus and Baptista offer chapters on emotions that are not among the seven sins or their traditional “daughters” but also on those they saw as related to sin in some broader way. Thus, Angelus added discussions on *timor*, *astutia*, and *sollicitudo* in which he defined the manner in which these emotions/passions might be mortal or venial sins, while Baptista devoted a chapter to *pussilanimitas* and a chapter to *metus*. The addition of new emotion words into the corpus of sins to be confessed supports Carla Casagrande’s assessment that the number of sins included in the pastoral literature of the thirteenth to fifteenth centuries was continuously growing.⁸⁰ Thus, it seems to me that rather than substantially expanding the vocabulary of emotions, the three authors below (Table 1.13) present a highly articulated and even pedantic understanding of the emotions. This understanding seeks to capture every nuance of sin. Though most of the emotions they include indeed appeared in previous works, such a comprehensive list is striking.

TABLE 1.13 *Fifteenth-Century confessors’ manuals*⁸¹

Bartolomeo de Caimi (fl. 1449–96)	Angelus Carletus (1411–1495)	Baptista de Salis (d. 1494)
Accidia	Acidia	Accidia
Amor (divitia/dei/ temporali)	Amor (sui/seculi)	Amor (honorari)
	Astutia	
	Audacia	
Clamor	Clamor	Clamor
Cogitatio	Cogitatio	
Contristitia		
Delectatus	Delectatio	Delectatio
Desperatio	Desperatio	Desperatio
Detestatio		

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Carla Casagrande, “La moltiplicazione dei peccati. I cataloghi dei peccati nella letteratura pastorale dei secoli XIII–XV,” in *La peste nera: Dati di una realtà ed elementi di una interpretazione: atti del xxx Convegno storico internazionale, Todi, 10–13 Ottobre 1993* (Spoleto: Centro Italiano di Studi Sull’alto Medioevo, 1995), 253–284.

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Sources for this table include: Baptista de Salis, *Summa Roselle de casibus conscientie* (Strasbourg, 1516); Angelus Carletus, *Summa angelica de casibus conscientiae* (Strasbourg, 1515); Bartholomaeus de Chaimis, *Confessionale* (Nuremberg, 1477). About the authors and their works, see Michaud-Quantin, *Sommes de casuistique*, 98–101.

TABLE 1.13 *Fifteenth-Century confessors' manuals* (cont.)

Bartolomeo de Caimi (fl. 1449–96)	Angelus Carletus (1411–1495)	Baptista de Salis (d. 1494)
	Diligentia	
Dolor		Displicentia
Exultatio		Dolor
Felicitas		Exultatio
	Fides	
	Fletus	
	Fortitudo	
	Gaudium	Gaudium
	Honestas	
		Horror
	Humilitas	
Invidia	Invidia	Invidia
Ira	Ira	Ira
	Leticia (inepta)	
Livor	Livor	
		Metus
	Misericordia	
Odium	Odium	Odium
	Placere	
Pusillanimitas	Pusillanimitas	Pusillanimitas
Rancor	Rancor	Rancor
	Rigor	
Rixa	Rixa	Rixa
Sollicitudo	Sollicitudo	Sollicitudo
Tedium		
Timor	Timor	Timor
Tristitia	Tristitia	Tristitia
Tumor mentis	Tumor	Tumor mentis
Vagatio mentis		Evagatio mentis
Vindicta	Vindicta	Vindicta

Vernacular Manuals of Confession

Vernacular penitential literature was in high demand between the fourteenth and the fifteenth centuries. Whether for private meditative reading, for more recitative use, or for the less learned priest, such texts appear in every European vernacular language. The vast numbers of these texts make a comprehensive lexical analysis unfeasible for this study, and yet it would be amiss to ignore this influential tool for transmitting the notion of vice. An impressionistic account, based on Castilian sources, raises further questions rather than offering definitive conclusions.

José Sánchez Herrero's survey of Iberian penitential and pastoral literature has made it possible for us to identify Castilian treatises that deal with confession, revealing their diverse nature.⁸² While they share a language, they primarily subscribe to generic forms in Latin. The monumental work by Martín Pérez is heavily influenced by the *summae* of the legalistic bent, while the *Confessionario* composed in the late fourteenth century by Don Pedro Barroso exhibits a more meditative inclination. Similarly, Alfonso Madrigal's *Confesional del Tostado*, written in the mid-fifteenth century, presents another stream of pastoral literature, one that is designed for easy use. The *Confesional's* organization enables friendly access for the pastor, suggesting to him a series of model questions to ask the penitent. The first archbishop of Granada, Hernando de Talavera (1428–1507), produced an even shorter work (see Table 1.14). In its chapter arrangement according to the Ten Commandments and the very meagre mention of emotions, this handbook resembles more the Florentine Dominican Girolamo Savonarola's (1452–1498) confession manual than those of his fellow Castilian pastors. Again a concise treatise, Girolamo covered very few passions/sins: *accidia*, *invidia*, *ira*, *tristitia*, *vindicta*, and *delectatio*.⁸³

The diversity of these texts calls into question the relevance of geographical-linguistic based analyses of word use, as it may be more profitable to consider them generically and alongside other languages, including Latin texts. This direction receives further support from the lexical analysis, which varies

82 José Sánchez Herrero, "La literatura catequética en la Península Ibérica. 1236–1553," in *En la España Medieval*, Vol. v (Madrid: Universidad Complutense, 1986), 1051–1117.

83 Girolamo Savonarola, *Eruditorium confessorum Fratris Hieronymi Savonarole Ferraridis ordinis predicatorum* (Paris, 1511), unpaginated. On Savonarola's *Confessionale*, its wide circulation and its relation to and reflection on its author, see Donald Weinstein, "The Prophet as Physician of Souls: Savonarola's Manual for Confessors," in *Society*

TABLE 1.14 *Vernacular confessors' manuals*⁸⁴

Libro de confesion de Medina de Pomar (15th century)	Alfonso Madrigal (b. 1410)	Juan Alfonso de Benavente (d. 1478)	Sebastián Ota (written in 1496)	Fernando de Talavera (1428–1507)
Accidia	Accidia	Accidia	Accidia	Accidia
Alegría mala	Alegría			Alegría (risa)
Amor	Amor		Amor (iustitia/ virtutum)	
	Angustia		Charitas	
				Curiosidad
	Cuydado			
Deletación	Delectacion			
Desperación	Desperacion	Detestatio		
Dolor				
				Enojo
Esperança				
	Gozar		Fides	
		Horore		Gozar
	Infuriando			
Envidia/Invidia	Embidia	Invidia	Invidia	Invidia
Yra	Yra	Ira	Ira	
		Livor		
			Misericordia (opera)	

and Individual in Renaissance Florence, ed. William J. Connell (Berkeley: University of California Press, 2002), 241–260.

84 Sources for this table include: Juan Alfonso de Benavente, *Tractatus de penitentiis et actibus penitentium et confessorum cum forma absolutionum de canonibus penitentialibus* (Salamanca, 1502); Sebastián Ota, *Tractatus de confessione* (Salamanca, 1497); Alfonso Madrigal, *Confesional del Tostado* (Burgos, 1500); Fernando de Talavera, “Breve forma de confesar,” in *Escritores místicos españoles*, ed. Miguel Mir (Madrid: Bailly/Baillière, 1911), 3–35.

Libro de confesion de Medina de Pomar (15th century)	Alfonso Madrigal (b. 1410)	Juan Alfonso de Benavente (d. 1478)	Sebastián Ota (written in 1496)	Fernando de Talavera (1428–1507)
	Ociosidad			
		Odium	Odium	
	Pensamientos			
	Pesar			
Plazer				
	Rancor	Rancor		Rancor
Sanna	Saña			Saña
			Spes	
		Tedium		
	Temor		Timor (domini)	Temor
				Tibieza
Tristeza	Tristitia (entristecer)	Tristitia		Tristeza
	Vengança		Vindicta	

little from findings in the Latin treatises. Yet, examining words as independent units has its limits. Content analysis is called for to grasp the deeper nature of these texts. Scrutiny of Don Pedro’s *Confesionario*, for instance, does yield some modification of the pan-European argument concerning the nature of the penitential raised here.

In addition to invoking doubt concerning the contribution of locality to the pastoral view of emotions, the vernacular literature prompts a reconsideration of the chronological narrative that suggests that emotion-words increase in number and variety over time. In fact, a review of vernacular texts shows that more rudimentary treatises were still being composed. This point becomes particularly important when we recall that the circulation and consumption of texts included older materials as much as newer compositions. Thus we should always assume that old and new were present simultaneously, and could be placed in the same codex. This is of course true of medical texts as well. Thus, even a cursory look at the vernacular penitential literature raises important questions regarding the medical literature and its treatment of emotions. Specifically, it highlights the peculiarity of medicine’s susceptibility to geographical-linguistic shifts.

The growing body of emotion-words in pastoral literature should be qualified such that the evolution is understood as neither linear nor unidirectional. Despite greater investment in mental and emotional examinations in the later period, in certain cases a less-minute investigation was advocated. Nowhere is this point more vivid than in the *opera* of Jean Gerson (1363–1429). Though a northerner, Chancellor of the university of Paris, his output is revealing of the broad picture of the history of penitential literature. Jean was the author of numerous treatises on confession, pastoral care, and vice, devoting great efforts to educating clergy and laity in the ways of penance. Among his works are lists of questions for the confessor to ask, which mention mainly acts triggered by sin,⁸⁵ but also sermons devoted to specific sins—such as anger (*colère*)—that scrutinize the meaning and manifestations of this sin and offer listeners edifying words from the Church Fathers as well as mental and spiritual tools to combat it in themselves.⁸⁶ In addition, Jean produced a Latin work on the passions of the soul that lucidly brings together natural philosophy, ethics, and theology and reviews the relationship between affects, passion, and sin.⁸⁷ Jean's method reminds us yet again that the processes discussed in this chapter, particularly with regard to penance, concern the accumulation of new variants of lexicons rather than subtracting previous ones. Returning to the Mediterranean, it should be considered that while new works were being composed reflecting the more elaborated analysis of passions/sins, there was still a market for copies and for newly written texts that taught the schematic and basic model of confession. In this sense, Mary Mansfield's contribution to the history of penance, showing that the shift in practices was not immediate nor clear-cut, is relevant to the process here described.⁸⁸

Accidents and Sin—Convergence and Divergence

Lexical analysis has the merit of offering a clear sense of change—a word absent from medical texts in the thirteenth century suddenly shows up in fifteenth-century texts. Indeed, the tables point to a definite increase in words in the medical texts, and to some degree also in penitential literature.

85 Jean Gerson, *Oeuvres complètes*, ed. Mgr Glorieux, vol. 7.1 (Paris: Desclée & cie, 1968), 393–400.

86 Idem, vol. 7.2, 897–906.

87 Idem, vol. 9 (Paris: Desclée & cie, 1973), 125.

88 Mary C. Mansfield, *The Humiliation of Sinners: Public Penance in Thirteenth-Century France* (Ithaca: Cornell University Press, 1995).

Moreover, the shift is not only evident in quantity but in kind (inclusion of cognitive states) and in sense (*misericordia* and *accidia*, which belong to the religious semantic field, appear in medicine).

Some shifts in the presentation of emotions and in their positioning in the confession regimen remain clear in the manuals dealing with the sacrament of penance. Most significant among the shifts is the growing reliance on emotions as the explanatory model for actions. Yet, to gain a real sense of this we must go beyond the word and see how this discourse carried on; how these words were understood in relation to the soul and body, and what treatment was devised for them.

Between and within Body and Soul

Lexical and terminological shifts in the medical discourse of emotions were the “public face” of a layered movement in the perception of emotions taking place in the later medieval period. The changing fashions, which dictated a preference for one term over another (e.g., in employing *accidentia* or *passiones*) and the extension of “emotional” vocabulary used by physicians, manifested a fundamental uncertainty with regard to the nature of emotions, the manner in which they influence the person and the best methods of managing them. Such theorizations, written mostly in Latin, appear to have been the province of the intellectual few. The characterization of emotions was indeed not the most celebrated topic among medieval discourses. Yet, as recent research has shown, it certainly lay at the core of diverse discussions, constituting the building blocks for notions of beatific visions, sin, and the operation of human will, to name but few.¹ This is because emotions were a crucial nexus for the investigation of the relationship between the soul and the body, at times becoming a channel for establishing particular paradigms about how the two functioned in tandem. As a discipline designed for dealing with the body, medicine had a strong stake in sorting out precisely how the emotions reveal the relationship between the body and soul. Situated on the margins of the body, the workings of emotions served for medical scholars of the period as a prism through which to contemplate the nature and boundaries of medicine. It prompted physicians to refer to extra-medical sources as well as to consider non-bodily treatments. Thus while physicians attempted to formulate theories that would agree with the last word in natural philosophy, at the same time they sought to substantiate medicine’s own understanding of the body and soul. No less important, they wished to confirm the authority of physicians to reflect on such matters. This reciprocity between developing medical thought and validating professional stature becomes more apparent towards the fifteenth century. Nevertheless, a tension, albeit perhaps in a more subtle form, was present already by

1 The literature on this topic is vast and includes monographs focusing on particular thinkers as well as thematic and comparative studies. I mention here only several key studies in the field: Richard Dales, *The Problem of the Rational Soul in the Thirteenth Century* (Leiden: Brill, 1995); Katharine Park and Eckhard Kessler’s chapters on psychology in *The Cambridge History of Renaissance Philosophy*, ed. Charles B. Schmitt et al. (Cambridge: Cambridge University Press, 1988), 453–534; Dominik Perler, “Introduction,” *Vivarium* 46:3 (2008): 223–231.

the mid-thirteenth century, when university medicine was taking form. This chapter will present some examples of how participation in the discussion on the nature of the soul and its affects allowed physicians to position themselves among the educated elite, thereby claiming a high social standing. This standing would be interpreted by some to hold a moral charge as well. Here again we find the struggle to define medicine's relationship to emotions, as well as instances of reliance on and appropriation of theological and devotional language, showing a trend along the thirteenth to the fifteenth centuries of an increasing claim for the medical ability to manage the emotions.

The Study of the Soul and Its Contribution to Medicine

Much has been written about the twelfth-century interest in the workings of the soul, and the evolution of this analysis in late medieval universities. As Dag Hasse has noted, already in the late eleventh century a budding interest in natural philosophy can be detected in the dissemination of translations of medical texts written by Constantine the African. These works proposed an original method for the inquiry into human nature.² James of Venice's early twelfth-century translation of Aristotle's *De anima* and the contributions of Dominicus Gundissalinus (fl. 1160–1180), which made Avicenna's *Kitāb an-nafs* accessible, rendered *scientia de anima*, the study of the human soul, a central discipline of investigation over the next four centuries. It was through this science of the soul that medieval thinkers put forth their theories about the nature of the *affectiones* or *passiones anime*, states roughly corresponding to the emotions.

As Aristotle's *De anima* became required reading in university curricula, it emerged as a springboard for commentaries and *quaestiones* of anonymous students as well as of the great minds of the age. These commentaries attempted to clarify difficult passages, but also served as a platform upon which to present germinating ideas. Chief among these concerns was the relationship between the body and the soul or intellect.³ Both the language and frame of

2 Dag Nikolaus Hasse, *Avicenna's De anima in the Latin West: The Formation of a Peripatetic Philosophy of the Soul 1160–1300* (London: Warburg Institute, 2000), 29–30. See also Damien Boquet and Piroska Nagy, “Medieval Sciences of Emotions in the 11th–13th Centuries: An Intellectual History,” *Osiris* 31 (2016): 21–45.

3 See B. Carlos Bazán, “13th-Century Commentaries on *De anima*: from Petrus Hispanus to Thomas Aquinas,” in *Il Commento filosofico nell'Occidente latino (secoli XIII–XV)*, ed. G. Fioravanti, C. Leonardi, and S. Perfetti (Tournhout: Brepols, 2002), 119–184, esp. 123; L. Minio-Paluello, “Le texte du *De anima* d'Aristote. La tradition latine avant 1500,” in *Autour d'Aristote, Recueil d'études de philosophie ancienne et médiévale offert à monseigneur A. Mansion*

these inquiries made a striking mark on contemporary scholarly discourses. For instance, they shaped theological discussion on the workings of the faculties of the soul, in which the *passiones anime* held primacy of place. The mixed character of the passions paved the way for postulating that the grounds between the body and the soul, as well as between reason and instinct, could be negotiated. This negotiation of ideas took place not only among scholars but also between and across disciplines, such as theology and medicine. Medical authors, for whom the functioning of the body was of paramount concern, took up elements that particularly pertained to their interests. Thus, we find in the medical analysis of the passions of the soul terms native to natural philosophy and theology, in addition to notions peculiar to medicine.

Scientific and medical thought contributed to the conceptualization of emotions in the late medieval period, in particular, the methods of adaption and articulation devised within medical studies for establishing the function of the body vis-à-vis the passions of the soul. Approaching the topic with an eye trained on the body, physicians sought to understand how it responded to particular emotions. In the course of this investigation, the workings of the emotions were reappraised. Naturally, these deliberations did not end there: rather, they placed into question longstanding philosophical and theological assumptions. As such, these theorizations were far from simply scientific musings. Within the medical literature their apprehension bore significant implications for the practice of medicine, setting the ground for defining the professional role of physicians as providers of care for the emotions. Medical interventions were justified by recourse to the argument that all emotional states had a physical aspect, and that the body can induce or be harmed by emotions. Hence, the engagement of physicians with the accidents of the soul was determined by their choice of theoretical premise.

Medical theories of emotions as presented in commentaries found within core medical texts were intended to be used in medical education,

(Louvain: Publications Universitaires de Louvain, 1955), 217–243; Gérard Verbeke, “Les progrès de l’Aristote Latin: le cas du *De anima*,” in *Rencontres de cultures dans la philosophie médiévale: traductions et traducteurs de l’antiquité tardive au XIVe*, ed. Jacqueline Hamesse and Marta Fattori (Louvain-la-Neuve: Université Catholique de Louvain, 1990), 195–201. The ongoing influence and importance of *De anima* has been made clear through research into Renaissance commentators on work up to the 17th century. See F.E. Cranz, “Perspectives de la Renaissance sur le *De anima*,” in *Platon et Aristote à la Renaissance* (Paris: Librairie Philosophique J. Vrin, 1976), 359–376; and also the essays by Olaf Pluta, Lorenzo Casini, and Paul J.J.M. Bakker in *Mind, Cognition and Representation: The Tradition of Commentaries on Aristotle’s De anima*, ed. Paul J.J.M. Bakker and Johannes M.M.H. Thijssen (Burlington: Ashgate, 2007), 109–178.

commentaries that can be presumed to reflect up-to-date views on the nature of the discipline. It is in these texts that the most eminent physicians of the period set out their theories on the soul and its relationship with the body. Various authors asserted a question of both philosophical and theological import: "Can the soul be moved by the body?" The answers to this question had substantial implications for understanding human nature, and the manner in which the body and soul interacted. The contestation spurred by this query reveals how physicians construed differently the capacity of medicine to care for the soul. Their dialogue highlights the subtle formulation of a disciplinary method of thought that communicates with kindred disciplines such as natural philosophy and even theology, and yet distinguishes itself from them by adopting a specific medical approach.

The demarcation of boundaries was a crucial part of the process of early professionalization of learned medicine in the late medieval period. Physicians at this time were eager to determine the proper use of medical intervention. Their inquiries were linked to a broader debate on the definition of medicine as *scientia* or *ars*; while learned medicine could claim theoretical knowledge and was therefore considered by some as *scientia*, its practical end and its technical, sometimes manual methods, led others to characterize it as an *ars*—a less-valued vocation.⁴ The medical concern with forms of medical intervention crafted the conversation on the relevance of the accidents of the soul to medical treatment and fashioned its boundaries. The medical discourse on the authority of the physician to treat the soul appears in a variety of medical works written by medical masters, including commentaries and the more popular *regimina sanitatis*. The struggle to determine the nature of appropriate medical intervention largely took place within closed medical circles. However, in structuring medical dealings with the soul, assumptions regarding other forms of therapies (most importantly of a religious nature) arise, requiring light to be shed on the ways physicians negotiated their own role in relation to these extra-medical discourse. To what extent did these other treatments of emotions conform with or controvert medical understanding of emotions? Did physicians borrow ideas from other disciplines? Did they fashion their own professional role vis-à-vis emotions in view of similar learned or care-giving professions, particularly the priesthood? These questions engage the theoretical premise of medical treatment of the soul in the late medieval period.

4 Nancy G. Siraisi, "Taddeo Alderotti and Bartolomeo da Varignana on the Nature of Medical Learning," *Isis* 68 (1977): 27–39; eadem, *Medicine in the Italian Universities* (Brill: Leiden, 2001).

Medical Theories of Emotions

In a passage in *De anima* that deals with the relationship between the body and the soul, Aristotle offers two answers to the question *What is Anger?*: “For the [dialectician it is] an appetite for vindication, or something of this sort, while the [naturalist defines it as] the raging of blood or heat around the heart.”⁵ Aristotle here makes two assumptions. The first is that different disciplines use different terms for the same reality and relate to different aspects of this reality. Thus the philosopher will treat “form” and the natural philosopher will treat “matter.” The second is that though the “matter” of anger is found in the body and its “form” in the soul, an emotion constitutes a single occurrence for the person—the ensouled body. As the study of *De anima* penetrated university learning, Aristotle’s definition of anger was to become diffused, cited regularly by medical authors, philosophers, and theologians as well as those who penned confession manuals.⁶ At first glance the passage seems to establish straightforwardly the joint involvement of the body and soul in emotional occurrence. Still, this claim opens the door to a host of questions regarding the relationship between body and soul. The interplay of body and emotions was a topic especially daunting for physicians who were pursuing a comprehensive grasp of the body. As such, they specifically inquired to what extent emotions were to be considered an integral part of the human being, and in what order the body and soul would respond to the onset of emotional states. Both inquiries inspired discussions within medical textbook commentaries and *quaestiones* composed as reports and summaries of the lessons taught in the university classes. This type of review of authoritative textbooks was mostly produced in the Italian universities (with some produced by Parisian masters), while Montpellier’s physicians, and certainly those without an academic position, either neglected the issue altogether or touched upon it less directly. Whether explicitly or in an implicit manner, then, the fruits of theoretical musings over the

5 I quote Aristotle, here and elsewhere, from Robert Pasnau’s translation of Moerbeke’s version of *De anima*, in Thomas Aquinas, *A Commentary on Aristotle’s De anima*, trans. Robert Pasnau (New Haven: Yale University Press, 1999), 12.

6 A few examples: “quoniam ira supercalefacit omnia membra et propter fervorem cordis omnes actus rationis confundit.” Arnaldus de Villanova, *Regimen sanitatis ad regem Aragonum*, ed. L. García-Ballester, J.A. Paniagua, and M.R. McVaugh, in *AVOMO* x.1 (Barcelona: Seminarium Historiae Scientiae Barchinone, 1996), 436. “Ira est motus sanguinis circa cor propter appetitum vindicte.” Guido de Monte Rocherii, *Manipulus curatorum*, np; “Nam ire stimulus accensi cor palpitat corpus tremit.” Antonius de Butrio, *Speculum de confessione* (Louvain, 1483), np; “Ira est accensio sanguinis circa cor propter appetitum vindicte.” Domingo de Valtanás Mejía, *Summa confessorum* (Sevilla, 1526), fol. 112v.

nature of emotions shaped medical approaches to the physicality of emotions and to the capacity of the body to influence the soul. These, in turn, informed medical practice.

The late medieval deliberations on the relationship between the soul and the body found in medical sources were composed under the aegis of the medical schools, and over a rather long period. In some respects this stretch can be considered a “longue durée” since a number of key positions, or even key debates, remain in place throughout the late Middle Ages. These often cross centuries and schools as physicians from Montpellier, the Italian universities, or those working outside of the institutions were reiterating the same tradition. Even deviating positions work within, and respond to, these highly conventional positions of the profession.

One such premise, useful to recall, is that there was indeed an overarching sense that emotions do manifest in the body. From the use of proverbs and literary images to concessions in dispensing penance on the basis of physical responses, numerous medieval sources attest the bond between bodily changes, both internal and external, and emotional states.⁷ The popular as well as the scholarly cultures of the period are replete with evidence of the dissemination of this notion. The idea received backing from ancient and Arabic medicine but did not depend on the learned medical tradition alone and is found in other facets of European culture as well. For instance, the multiple localizations suggested for emotions within the body illustrate well that the physicality of emotions was common knowledge, largely independent of learned theorizations.

The Physical Organ of Emotions

Three main sites were associated with emotions: the heart, the head (or brain), and the body as a whole. While the first two sites are found within the body, and changes to them are concealed within the perimeters of its viscera, the third site can be considered an “external” one, with changes made to it manifested in

7 On the sensitivity of the confessor to the penitent's complexion, Alain de Lille wrote: “Quod complexio peccatoris sit inspicienda. Complexio etiam peccatoris consideranda est, secundum quod ex signis exterioribus perpendi potest; quia secundum diversas complexionem, unus magis impellitur ad unum peccatum, quam alius. Quia si cholericus magis impellitur ad iram, sed melancholicus magis ad odium.” Alain de Lille, *Liber poenitentialis*, ed. Jean Longère (Louvain: Éditions Nauwelaerts, 1965), 2:31. A similar advice is found in Thomas de Chobham, *Summa Confessorum*, ed. F. Broomfield (Louvain: Éditions Nauwelaerts, 1968), 418.

various signs such as coloration, shaking, and sweating. Something of a pattern may be discerned wherein internal views predominated in theory-based texts and external descriptions prevailed in more popular texts, but this division is far from hard-and-fast.

The debate on the seat of the soul can be traced back to ancient authorities, and specifically to a dispute between Aristotle and Galen. For Aristotle, the seat of the soul was the heart; Galen, for his part, regarded the brain as the locus of the intellectual and sensitive faculties. Nancy Siraisi and Danielle Jacquart thoroughly analyze this dispute as it is played out in the medieval commentaries.⁸ In most sources, physicians, especially those concerned with medical practice, ascribed emotional activity to both brain and heart, sidestepping the argument altogether. Guglielmo da Brescia (1250–1326), for instance, who taught at both Bologna and Padua and was part of the school of Taddeo Alderotti, attributed delusions (*appariciones fantasticae oculorum*) to an overheated head. Too much sun, meditation, or excessive emotions harm the brain.⁹ His contemporary, Gentile da Foligno (d. 1348), expressed a similar view in a *consilium* for the bishop of Olevia. He noted among the symptoms of the illness from which the bishop suffered, a sadness that stemmed from an overly humid brain.¹⁰ Melancholy, an illness that was strongly associated with sadness, was treated invariably as a disease of the head. Giovanni Matteo Ferrari da Grado (d. 1472), for example, advised a young man suffering from a melancholy that was accompanied by fear and fevers that the experience of joy would hinder the corruption of the brain by the melancholic illness.¹¹ The cardinal place assigned to the brain by medieval Latin physicians can be understood as an extension of their predilection to follow Galen's authority in medical matters.¹²

At the same time, conforming to the prevailing notion of the sovereignty of the heart over the body, dubbed by Heather Webb the “cardiocentric” model,

8 Nancy G. Siraisi, *Taddeo Alderotti and His Pupils: Two Generations of Italian Medical Learning* (Princeton: Princeton University Press, 1981), 203–236; Danielle Jacquart, “Coeur ou cerveau? Les hésitations médiévales sur l’origine de la sensation et le choix de Turisanus,” in *Il Cuore/ The Heart*, ed. Agostino Paravicini Bagliani, *Micrologus* 11 (Florence: SISMEL, 2003), 73–95.

9 Guglielmo da Brescia, *Die Bedeutung Wilhelms von Brescia als Verfasser von Konsilien*, ed. E.W.G Schmidt (Leipzig: Lehmann, 1922), 28.

10 “Cerebrum vero eius accidentaliter humidum est ex multis mentalibus laboribus et multa vaporatione et quasi sublimatione humiditatum ab inferioribus ad caput et praedicta dispositio naturalis superveniente in moderata tristitia multiplicavit materias melancolicas in splene [...]” Gentile da Foligno, *Consilia* (Pavia, 1488), np.

11 Giovanni Matteo Ferrari da Grado, *Consilia* (Lyon, 1535), fol. 7v.

12 Siraisi, *Taddeo Alderotti*, 192–195.

and recalling Avicenna's description of the movement of emotions, the heart was cited frequently as the organ in which emotional occurrences took place.¹³ This is evident in the recurrent use of the term "passions of the heart." The fifteenth-century Castilian court physician Alfonso Chirino (c. 1365–1429), for example, entitled a chapter in his *Menor daño de medecina* "de la alegria et paciencia del coracon" ("about the joy and patience of the heart"). Emotions of joy, happiness, sorrow, and anger cause movement of heat to the heart and affect health in general.¹⁴ A few years later, Benedetto Reguardati da Norcia (1398–1469) situated the heart as the centre of emotional occurrences, explaining that the passions are movements of the spirits from and towards the heart.¹⁵ These are but two examples among many throughout the period. The account of the emotions in the regimen of health tradition offered by Pedro Gil-Sotres discloses a highly systematic configuration of the physical process associated

13 Heather Webb, *The Medieval Heart* (New Haven: Yale University Press, 2010), 7. Avicenna, *Canon* 1.2.3.10.

14 Alonso Chirino, *Menor Daño de la medicina de Alonso Chirino: Edición crítica y glosario*, ed. María Teresa Herrera (Salamanca: Universidad de Salamanca, 1973), 47. Another attribution to the heart is found in the *regimen* of Aldobrandino da Siena, who devoted a full chapter to the passions of the soul, explaining the specific manner of physical influence of each emotion. For example, considering shame, the author wrote that it entails, first, a movement inwards of the spirits and of the heart, and only afterwards is the body reheated from within, offering the image of a shamed person who becomes first pale and then reddens: "Honte avient autrement que celes que nous avons nomees, car ele avient par les esperis et par le caleur qui premierement revient dedens, et apriès que li nature le rechace as membres dehors, si com vous veés aucunes gens qui d'aucune cose commencent á avoir honte, qui premierment palissent, et puis commencent á devenir rouge." However, he claims, all emotional transformations in the body circulate around the heart and are related to the heart, and as the opening paragraph of the chapter states, the accidents of the soul are relevant to medicine since they harm the health of the heart: "Il [ne] convient [pas] parler d'une cose que phisike apele accidens de l'arme, c'est á dire que ce sont plus propres coses de l'arme que du cors, aviegne que li arme ne puisse avoir bien ne mal sans le cors, [...] ne set garder, eles destruisent le santé del cors et soudainement le font venir á nient, et por ce, vous en dirons nous le bien et le mal que ele font, et coument eles sont engenrees." Aldobrandino da Siena, *Le régime du corps de maître Aldebrandin de Sienne: texte français du XIIIe siècle, publié pour la première fois d'après les manuscrits de la Bibliothèque nationale et de la Bibliothèque de l'Arsenal*, ed. Louis Landouzy and Roger Pepin (Geneva: Slatkine, 1978), 31.

15 "Et secundum diversos spirituum motus vel a corde ad extrinseca membra vel ab extrinsecis membris ad cor imprimuntur vel diverse qualitates vel in calore vel frigore." Benedetto Reguardati da Norcia, *De conservatione sanitatis* (Rome, 1475), fol. 127r.

with the heart.¹⁶ The most common emotions (or the “core emotions”) were defined by the direction and pace of the movement of spirits, humours, and blood in and around the heart. Joy was the slow outward movement of spirits from the heart to the extremities of the body; sorrow was the slow movement inwards; and anger was the fast outward movement of spirits.¹⁷

The situating of emotions, be it in the heart or be it in the brain, was in the late medieval period far from a trivial pursuit. Such positioning was part of the controversy regarding the seat of the soul. Moreover, the two localizations imply diverging models of the working of the body vis-à-vis emotions. Construing the brain as the locus of emotions implies a cognitive approach to the latter. As against this, the heart yields two seemingly contradictory images of its function—one spiritual, the other material. These models will in turn suggest methods of treatment that correspond to the formulation of emotions as products of either brain or heart. In any event, no serious attempt was made in the later medieval period to resolve this conundrum. The theories might not have been considered mutually exclusive; indeed, they might even have been viewed as complementary. A few short passages from different periods support this perspective. Jacopo da Forlì (d. 1414), who taught in a number of Italian medical schools and was a prolific commentator, noted that the movements of the soul alter the qualitative state of the body in various ways, either by moving the spirits towards the brain,¹⁸ or by moving the brain or heart without an intermediary power.¹⁹ Even more cursory is the summary of the topic penned by the enigmatic Sevillian physician Juan de Aviñón (fl. 1320–1381), who, in his

16 See, for example, Pedro Gil-Sotres's account of the emotions in the regimen of health literature, Pedro Gil-Sotres, “Modelo teórico y observación clínica: las pasiones del alma en la psicología médica medieval,” in *Comprendre et maîtriser la nature au moyen âge: Mélanges d'histoire des sciences offerts à Guy Beaujouan* (Genève: Droz, 1994), 181–204; Pedro Gil-Sotres, *Regimen sanitatis ad regem Aragonum*, ed. Luis García-Ballester and Michael R. McVaugh, in *AVOMO* X.1 (Barcelona: Seminarium Historiae Scientiae Barchinone, 1996), 803–827.

17 *Ibid.*, 816.

18 “per accidens patet vehemens enim imaginatio movet spiritum ad cerebrum et divertit a membris aliis: et per consequens cerebrum calefacit quandoquā ad vehementiam cogitationis aut imaginationis sequitur febris.” Jacobus de Forlivo, “Questiones super tribus technī Galeni libris,” in *Commentum Haly Rodao in veterem librorum Technī Galeni translationem* (Pavia, 1501), fol. 85r.

19 “Spiritus in accidentibus anime moveri ad intus vel ad extra secundum exigentiam anime [...] quia alias distans moveret distans nihil agendo in medium: nec medium movendo sue actionis vel motus receptivum: puta virtus imperans motum que in corde vel cerebro spiritui pedis et lacertis pedis non movendo media.” *Ibid.*

Sevillana medicina, wrote that emotions originate in the brain, but act through the heart.²⁰

Alongside the two organ-centred theories of emotions stood another framework for thinking about emotional occurrences: the unsettling of complexional balance. In this view, augmentation or diminution in one of the bodily qualities (i.e., hot, cold, wet, and dry) could cause or result from emotional states. Of course, the notion of humoural balance was not exclusive to emotions; any of the six non-naturals could alter the balance of the body, and imbalance would bring about illness of many sorts. In fact, since complexion was considered dynamic and the disturbance of its balance unavoidable, changes in moods and in emotional states were understood as an inherent part of the living body, in illness and in health.²¹ Emotions were, therefore, a constituent element of the always-changing material body. Salernitan texts, such as the *practica* attributed to Bartholomaeus, showcase this perception of emotions well when singling out among the possible triggers of “hectic fever” both physical causes (*ex labore vel ieunio*) and causes deriving from the soul—love and learning (*studium*).²² Even more pointedly, the Salernitan medical poem *Regimen sanitatis salernitanum* refers to emotions as traits of the four temperaments. As such, emotions are associated with particular material mixtures.²³

20 “y la solucion del argumento que dize quel coraçon era el sujeto, respondo que estas virtudes han dos catamientos: El.i. es a respecto del fazedor. Y el.ii. es a respecto del receptor y, por tanto, quando Avicena dixo que el coraçon es el sujeto destas virtudes, se deue entender por manera de recibir, y quando los fisicos dizen ques en el cerebro, se entiende por manera de autor y de fazedor [...]” Juan de Aviñón, *Sevillana medicina*, ed. José Mondéjar (Toledo: Arco/Libros, S.L., 2000), 485–486.

21 On the concept of *complexio* and its dynamic nature according to Galen and Avicenna, see Joel Kaye, *A History of Balance, 1250–1375* (Cambridge: Cambridge University Press, 2014), 189–192.

22 “In febre ethica que fit per se, alia fit ex accidentibus corporis, alia ex accidentibus animi. Que fit ex accidentibus corporis, ut ex labore vel ieunio, et similibus. Si fit ex labore et calore, et adhuc perserveret labor, primum cura est eradicanda, scilicet labor, postea egritudo. Similiter si fit propter studium, removendum est studium, postea veniendum est ad aegritudinem. Eodem modo si fit ex amore, primum removendus est amor, et sic faciendum est de omnibus.” Bartholomaeus of Salerno, *Practica Magistri Bartholomei Salernitani*, in *Collectio Salernitana*, ed. Salvatore De Renzi (Naples: Filiae-Sebezio, 1859, repr. 2001), 4:350.

23 “Sanguinei: Natura pingues isti sunt atque jocantes [...] Qualibet ex causa non hos leviter movet ira,/ Largus, amans, hilaris, ridens, rubeique coloris,/ Cantans, carnosus, satis audax, atque benignus./ Cholerici: [...] Hirsutus, fallax, irascens, prodigus, audax,/ Astutus, gracilis, siccus, croceique coloris./ Flegmatici: [...] Sensus hebes, tardus motus, pigritia, somnus;/ hic somnolentus, piger, in sputamine multus;/ Hebes ei sensus, pinguis facies,

The ongoing circulation of these texts ensured that the views they promoted would be present long after their authors were gone.

The complexional approach, with its material perception of behaviour and moods, considered emotions to be an affect that occurs in the body as a whole. Organ-centred theories, for their part, linked emotions to cognition and the spiritual soul and accentuated their non-bodily aspect while the humoral theory would understand emotions as primarily physical manifestations of the body. The three views were somewhat compatible, and authors often alternated between them. At times, they seemed to do so more for the sake of convenience than for the sake of principle. Perhaps speaking colloquially rather than scientifically about the topic was related to a desire to reach a general readership. For, alongside its implications for the theories of natural philosophy and medicine, the question of localization communicates a very basic, not to say crude, understanding of the nature of the issue. Physicians' correspondence with lay readers would surely have been influenced by the doctor's perception of the intellectual capacities of the interlocutor, especially so if the topic was discussed widely outside of medical contexts. However, the theoretical and "professional" literature does supply detailed discussions (though not necessarily conclusions) about the manner in which emotions work in the body.

The Physical Nature of the Emotions

Learned debates of the late medieval period reveal nuanced thinking about the relationship between the body and the emotions. A central question in the discussions was whether emotions are external to the body or an integral part of the human being. The question was an important entry point for a consideration of the nature of the interaction between the soul and the body. Again, medical textbook commentators grappled with the rift between Galen and Avicenna on this matter, and attempted to bridge the gap. And, like the debate on the seat of the emotions, these debates continued throughout the late twelfth and fifteenth centuries. For Galen, emotions were occurrences external to the person, imprinting first the soul and then the body. Avicenna introduced Aristotelian terms and suggested seeing the emotions as part of the *virtutes*

color albus./ Melancholici: [...] Quae reddit tristes, parvos, perpauca loquentes; [...] Invidus et tristis, cupidus, destraque tenacis,/ Non expers fraudis, timidus, luteique coloris." *Flos medicinae Scholae Salerni in Collectio Salernitana*, ed. De Renzi, 1:486.

animalis—that is, a natural state of the body.²⁴ Galen's view prevailed in most commentaries, both of the *Tegni* and of the *Canon*, and emotions were most often included among the *res non naturales*—that is, not part of the body itself but still integral to its existence—as implied by Galen. Yet certain elements of Avicenna's theory were also incorporated. One solution, provided by several physicians, including such leading figures as the Bolognese Taddeo Alderotti (1223–1295) and the Sienese Ugo Benzi (1376–1439), drew a temporal sequence between the parts of the soul and body in emotional occurrences. According to this view the operation of the accidents involved two distinct movements: a movement of powers (*virtutes*) of the body and a movement of something external to the person that imprints the soul. This external movement then affects the animal power, stirring the heat and the spirit of the body.²⁵ Taking this position, physicians proposed an intricate argument that can be said to have served both general scholastic culture and their own professional concerns. Emotions were argued to occur on two plains: in the soul, on the one hand, and in the body, on the other. Importantly, the distinction made between the affairs of the body and the affairs of the soul implied a hierarchy. It was the soul that instigated bodily movement, its reaction to external stimuli guided the movement of the physical body. As the prolific medical commentator Jacopo da Forlì (d. 1414) noted clearly in his *questiones* on the *Canon*: “the natural and animal vital power is the body of the soul, naturally subordinated to it [the soul] in its movements.”²⁶ While these notions helped to bridge the gap

24 An extensive discussion on the identification of emotions (and the non-naturals in general) as external or internal to the body appears in Karine van 't Land, “Internal, yet Extrinsic: Conceptions of Bodily Space and Their Relation to Causality in Late Medieval University Medicine,” in *Medicine and Space: Body, Surroundings and Borders in Antiquity and the Middle Ages*, ed. Patricia A. Baker et al. (Leiden: Brill, 2012), 85–116.

25 Taddeo Alderotti, In *C. Gal. Micratechnen commentarii secunde editionis emaculati...* (Naples, 1522), fol. 162r. Ugo Benzi expressed a similar position in his commentary on Avicenna's passage 1.1.1.6.4 of the *Canon*. Ugo Benzi, *Super primo canon. Avicenne preclara expositio* (Pavia, 1518), fol. 59r.

26 Jacobus de Forlivio, *Expositio et quaesiones in primum canonem Avicennae* (Venice, 1547), Questio XLV, fol. 217r. This can also be seen in Jacopo da Forlì's argument against Avicenna's theory regarding the power of the imagination to move all matters. Jacopo criticised this theory, stating that the imagination is always united with only one *proprium* body and not with all bodies. This is again an affirmation of the union of the soul with the body, but at the same time it affirms the powerful hold of the imagination as a mover of the body. On the commentators' struggles with Avicenna's position, see Per-Gunnar Ottosson, *Scholastic Medicine and Philosophy: A Study of Commentaries on Galen's Tegni (ca. 1300–1450)* (Napoli: Bibliopolis, 1984), 264. Jacopo da Forlì argued that emotions require cognition and therefore could not be considered solely natural operations, but in order

between Galen and Avicenna, it also responded to philosophical and theological constraints. It is no coincidence that these ideas affirm fully the accepted Christian view of the soul as a prime mover, as the “cause” of the body. This position was set out most influentially by contemporary scholars of natural philosophy and theology.

The weight of this orientation can be seen in the way Thomas Aquinas chose to expound on Aristotle’s formulation of the relationship between the soul and the body in emotions in his commentary on *De anima* (408b1–30). Aristotle argued that the soul is unable to move without the body; that its nature dictates immobility and that it can only be moved by an accident.²⁷ Thomas chose to defend the higher power of the soul. He explained that Aristotle denied the power of the passions of the soul to move the soul itself. Thus, it would be misleading to position emotions in relation to the soul, calling the soul sad or joyful, for instance. It would be more accurate to refer to the conjoint movement of soul and body. This deviates slightly from the literal reading of the passage. Rather than addressing the unity of soul and body, he foregrounds the soul as the source of all passions as well as of the movement of the body. Reaffirming this focus on the soul, the next passages, and indeed most of his commentary, are dedicated to describing the powers of estimation and judgment (which are functions of the soul), through which the soul stimulates the passions:

And it is likewise clearly apparent in other cases that these operations are movements not of soul but of the compound, nevertheless they come from soul, as, for instance, in the case of getting angry. For soul judges something to be worth getting angry about, and as a result an animal’s heart is moved and blood rages around it.²⁸

Not only is the sequence of affairs emphasized here, but also the superiority of the soul by which the body is moved. In this depiction of the emotional occurrence, the alterations that the body undergoes are determined by the reactions of the soul. Such an approach implies that altering emotional reactions may be possible only if the appetitive responses were to be altered.

to make his opinion consistent with the *Canon* he identified two aspects of the emotions, one that appears in the body and the other in cognition. *Ibid.*, fols. 198v–199r.

27 “[...] if, above all, being in pain or being joyful or intellectually cognizing are movements, and if each one is some-thing’s being moved, still being moved comes from the soul – being angry or fearful, for instance, in that the heart is in a certain way moved.” Thomas Aquinas, *A Commentary on Aristotle’s De anima*, 80.

28 *Ibid.*, 83.

To be sure, Thomas, who was an admirer of Aristotelian natural philosophy, did not discard in toto the claim that there were bodily manifestations to the soul's affair. Yet his attention was directed to the working of the soul. One of the central applications of the theory of the appetites (i.e., that emotions are the result of reactions by the concupiscible and irascible appetites), both in the works of Thomas Aquinas and certainly in scholastic culture more broadly, was the doctrine of sin and virtue and the function of the will to deter one from doing evil. As such, the secondary role attributed to the body supported a certain degree of disinterest in the physicality of emotions.²⁹ This can be seen, for example, in the development of the concept of intellectual passions, in addition to sensitive passions. Again, here is Thomas Aquinas on this notion:

It is important to know as well that just as we find both an appetitive and an apprehensive power in sense, so too do we find both an appetitive and apprehensive power in intellect. Thus these—love, hate, joy and things of this sort—can be understood both as they exist in sensory appetite, in which case they have a conjoined bodily movement, and also as they exist in intellect and will alone, without any sensory affect. And in this case they cannot be said to be movements, because they do not have a conjoined bodily movement.³⁰

A parallel system of appetites is suggested here—one involving faculties of the sensitive soul and therefore also dependent on the sensing body, the other relying on reason and will alone. Emotions that derive from the intellective

29 On the theory of appetites, see Knuuttila, *Emotions in Ancient and Medieval Philosophy*, and Robert Miner, *Thomas Aquinas on the Passions* (Cambridge: University of Cambridge Press, 2009).

30 Thomas Aquinas, *A Commentary on Aristotle's De anima*, 86. Thomas Aquinas offered a problematic construction when suggesting the term “passions of the intellect”: strictly speaking the passions of the intellect cannot be named passions because the intellect does not have a movement similar to that found in the sensitive soul (the rational soul is perfect and as such it cannot undergo a process of change); although these passions originate from appetitive powers of the rational soul, they are not accompanied by any sensory activity. The choice of improper terminology only emphasizes that Aquinas saw a need to define a parallel emotional construction that is detached from the body. In his commentary on *De anima*, Albertus Magnus (1206–1280) also referred to the existence of “delights” in the rational soul. Such delights could not be regarded as passions per se because of the impassibility of the soul, yet they are similar in their formal aspect to passions. See Albertus Magnus, *De anima*, ed. Wilhelm Kübel, *Opera omnia* (Westfal monastery: Aschendorff, 1968), 7.1:43.

appetite would not entail any physical activity because of the independent nature of the intellective soul. The second scheme of appetites, which follows the intellect, seems to have been drawn up in order to accentuate the uniqueness and independence of the intellective soul. In addition, and perhaps more significantly, it proclaims the exceptionality of human nature, arguing that some emotions, such as love, hate, and happiness appear only in humans and are not found in animals.³¹ Such an argument discloses an important underlying motivation for defining some passions as non-physical. Physicality undermined the difference between man and beast and devalued affects such as love, which in its pure form was considered to be divine. Downplaying the animal nature of emotions meant that the passions could be harnessed to devotional life. In addition, it could substantiate the role of the will in the theology of sin in which emotions such as anger and envy had a significant place.

Thomas is often regarded as the representative figure of scholastic thought on emotions but his was not the last word on the topic. Following him, thinkers continued to theorize on the relationship between the intellect and emotions. One such thinker was Duns Scotus (1265/6–1308) whose theory of the passions involved the existence of two kinds of passions, those of the “sensitive soul” and those originating in volition, which are thereby essentially linked to reason and the rational soul. As Simo Knuuttila noted in his survey of the development of the medieval philosophy of emotions, Scotus’s differentiation was echoed strongly in the conceptualization of emotions by later authors, such as William of Ockham (1288–1348) and Jean Buridan (1300–1358).³² These new theories represented a shift to a consideration of the soul-body union, in contrast to the intellect (or the rational soul) and the emotional experience of the separate soul. This shift may have its roots in the waning interest

31 The operations of the sensitive soul were considered to be shared by all living animals. Thus, animals were thought to have emotional experiences. Discussions of animals’ cognitive capacities appear in various places in Aristotle’s *De anima*. Of particular interest to the topic of emotions is passage 432b20–30. Medieval commentators repeatedly discussed the issue, following Avicenna’s example of the sheep’s fear of the wolf. See Avicenna, *Liber de anima seu Sextus de naturalibus*, ed. S. van Riet (Louvain: Editions Orientalistes, 1968–1972), 38. Hasse describes the development and use of this example by medieval philosophers; see Hasse, *Avicenna’s De anima*, 127–153. See also Jack Zupko, “Self-Knowledge and Self-Representation in Later Medieval Psychology,” in *Mind, Cognition and Representation*, ed. Bakker and Thijssen, 87–106.

32 Knuuttila, *Emotions in Ancient and Medieval Philosophy*, 256–282; see also the discussion of “Volitional Passions” in the philosophy of William Ockham and Adam Wodeham by Dominik Perler, “Emotions and Cognitions: Fourteenth-Century Discussions on the Passions of the Soul,” *Vivarium* 43:2 (2005): 250–274.

of commentators of *De anima* in the workings of the body, and an awakening interest, instead, in the soul and its immaterial entities. This becomes quite apparent in Thomas de Vio Caietanus's (1469–1534) early sixteenth-century *Commentaria in de Anima Aristotelis*. Caietanus opened his commentary with a general exposition on the first part of Book I, singling out as its main problem whether any passions are pertinent to the soul alone.³³ Caietanus's choice was indicative of the kind of questions with which intellectuals of the period were engaged. Yet these commentaries are not only representative of opinions among the inner circle of natural philosophers. The very wide teaching of the work in all schools throughout Europe shortens the distance between Paris, Oxford, and Padua. Indeed we see the influence of these questions even in the writings of physicians working in more “peripheral” places.

The wide circulation and impact of this discourse and of the turn to the intellectual soul can be perceived outside the commentary tradition as well. Contemporary development in the doctrine of the sacrament of penance with its emphasis on full contrition was often discussed in appetitive terminology. For some, contrition came to be defined as an intellectual pain of remorse which could reach its most perfect form when it has no sensitive manifestation.³⁴ In addition, this can be seen in the development of the notion of the suffering versus the pleasures of souls in hell, purgatory, and heaven.³⁵ These religious positions were taught in the *studia* and were disseminated to broader audiences in sermons and lay treatises, both in Latin and the vernaculars.³⁶ The primacy of the soul was therefore widely entrenched in the period and its subordination of the body was well accepted. Medicine could not sustain this view without a challenge.

If emotions derive from the soul and have no physical manifestation, medicine would be marginalized quite dramatically. This notion, then, was a source of concern for some, as we can learn from Gentile da Foligno's (d. 1348) less

33 Thomas De Vio Cardinalis Caietanus, *Commentaria in de anima Aristotelis*, ed. I. Coquelle O.P. (Rome: Institutum ‘Angelicum’, 1938), 14–15.

34 Antoninus Florentinus, *Confessionale*, fol. 19r. See also Thomas Tentler, *Sin and Confession on the Eve of the Reformation* (Princeton: Princeton University Press, 1977), 236–237; Naama Cohen-Hanegbi, “Pain as Emotion: The Role of Emotional Pain in Fifteenth-Century Italian Medicine and Confession,” in *Knowledge and Pain*, ed. Esther Cohen et al. (Amsterdam: Rodopi, 2012), 63–84.

35 Esther Cohen, *The Modulated Scream: Pain in Late Medieval Culture* (Chicago: University of Chicago Press, 2010), 182.

36 Alan E. Bernstein, “Heaven, Hell and Purgatory: 1100–1500,” in *The Cambridge History of Christianity: Christianity in Western Europe, c. 1100–c.1500*, vol. 4, ed. Miri Rubin and Walter Simons (Cambridge: Cambridge University Press, 2009), 200–216.

conventional opinion. Gentile was a student of Taddeo at Bologna who later taught at Padua and Perugia and became an influential commentator of Avicenna. Departing from the approach of his colleagues, Gentile advanced a radically materialistic view of emotions. In a commentary on a passage in the *Canon*, he rejected the idea that the physical occurrence of emotions is a by-product of the affairs of the soul. Gentile was bothered by the implication of this notion, which was that physical movement was not part of the emotion itself. He suggested instead that there were two ways of depicting emotions that would preclude a sequential argument. One possible description would define the emotions as an outcome of the movement of the appetites, locating emotions within the animal powers of sense and movement. Alternatively, one could refer to emotions as a movement of the heat and spirits, which belong to the operation of the vital virtues.³⁷

While all scholastic physicians agreed that emotions had a physical component, only Gentile among them maintained that the movement of the body should be considered equivalent to the movement of the soul and not simply a result of it. This “strong hylomorphism,” which urged one to see the body as fully attached to the soul in the living body might be considered a sensible stance for a physician, as it maintains the centrality of the body. It certainly colored medicine’s view of emotions, as it affirmed that emotions do manifest, if not occur, in the body. Thus, though often presenting a less profoundly materialist position, late medieval physicians tended toward the idea that emotions were by nature a physical phenomenon. While not necessarily arguing for a simultaneity of the mental and physical, the notion that the body is the *locus* of emotions was pivotal to the medical consideration of the “accidents of the soul.” Medical texts of different genres (e.g., commentaries, regimens of health), both theoretical and popular in orientation, attempted to substantiate this view by ascribing the physical activity of emotions to a specific part of the body—the brain, and/or the heart—or to change in the bodily equilibrium of the qualities (e.g., heat, cold, dry, and wet).³⁸ These explanations relied on medical authorities themselves, but no less on the way practical medicine interpreted bodily responses. In this spirit, Tommaso del Garbo (1305–1370), who taught both in Perugia and Bologna, discussed the ability of emotions to

37 Gentile da Foligno, *Primus (et secundus) Avicennae* (Venice, 1520), 85v.

38 Naama Cohen-Hanegbi, “The Matter of Emotions: Priests and Physicians on the Movements of the Soul,” in *Convergence/Divergence: The Politics of Late Medieval English Devotional and Medical Discourses*, special issue of *Poetica: An International Journal of Linguistic-Literary Studies*, ed. Denis Renevey and Naoë Kukita Yoshikawa, 72 (2009): 21–42.

cause transmutations in matter: the impact of emotions on the body is known from experience (*quod sit patet per experientiam*).³⁹ The experience of physicians with the human body was thus held as a source of knowledge that carried some authority.

Recalling Aristotle's passage on anger and how the two disciplines, medicine and philosophy, offered fragmentary representations of the emotion, it appears that with regard to the physicality of emotions, disciplinary interests were defended by physicians and others. Nevertheless, in the debate that developed on the ability of the body to move the soul, the *experientia* argument presented new challenges to the appetitive theory of emotions.

Can the Body Move the Soul?

In the popular medical poem *Regimen sanitatis salernitanum* (probably composed in the early thirteenth century) several verses were dedicated to the four temperaments. Each of the temperaments is said to produce personal characteristics with dominant behavioural and emotional traits. The sanguine person is easily angered but also joyful and loving; the choleric is known to be angry; the phlegmatic—slow and sleepy; the melancholic—sad and envious.⁴⁰ The complexional theory received much play in the late medieval period, even beyond the medical profession. Its value for character assessment was recognized by artists and literary authors.⁴¹ Complexional theory was even referenced in pastoral manuals in which the priest was instructed to be aware of penitents' complexion in discerning their sins and in assigning penance.⁴² Humoural change was, therefore, understood (at least by some) to be capable of changing one's mental state. But it was not only the body's matter that was thought to be able to influence the soul. The six non-naturals in general and particularly material substances, such as wine, were perceived to influence bodily complexion and through it to alter cognitive and mental states. Medical treatises on wine and the *regimen sanitatis* literature often suggested wine as a cure for

39 Tommaso del Garbo, *Summa medicinalis* (Venice, 1531), fol. 114v.

40 *Collectio Salernitana*, ed. Salvatore De Renzi (Naples: Filiae-Sebezio, 1859, repr. 2001), 1:484.

41 For example, see Piers D. Britton, "Humoral Exemplars Type and Temperament in Cinquecento Painting," in *Visualizing Medieval Medicine and Natural History, 1200–1550*, ed. Jean Ann Givens, Keren Reeds, and Alain Touwaide (Aldershot: Ashgate, 2006), 177–203.

42 Alain de Lille, *Liber poenitentialis*, 2:31.

timidity and cowardice.⁴³ Wine's ability to alter cognitive states and to harm one's judgment was also widely recognized.⁴⁴ The biblical verse "wine gladdens the heart of man" was rehearsed continuously, turning it into a common proverb that has survived till this day.⁴⁵ Nevertheless, while these cases point to an acceptance of the possible impact of the body and other kinds of matter on the soul and on the mind as its faculty, such views were challenged by two prominent contemporary modes of thought. The first appeared in spiritual discourse, which by its very nature had a tendency to disassociate emotions from the body. This disassociation appears, for instance, in the commentaries of the Psalm verse mentioned above, interpreted often by theologians as mystical, and therefore incorporeal, joy experienced upon imbibing the blood of Jesus in the sacrament of the Eucharist. As this verse was quoted in Eucharist sermons, devotional treatises and in handbooks for priests for performing the mass, this non-physical reading of the verse was widely cultivated and diffused.⁴⁶ Consequently, it strongly impacted the reception of this particular notion of the emotions.

The second challenge to the body's influence on the soul came from the aforementioned discourse on the nature of the soul. The possibility that physical complexion and humoural change can alter and move the soul demanded a reassessment of the relationship between the body and the soul in emotions. The scholastic tradition expressed in the commentaries and treatises understand the emotions and related mental states as products of the soul alone. Thomas Aquinas, in his *De motu cordis*, stated that despite attempts of physicians to identify the vital movements of the body, its movements are always

43 Bartholomaeus of Salerno, *Practica*, in *Collectio Salernitana*, ed. Salvatore De Renzi (Naples: Filiae-Sebezio, 1859, repr. 2001), 4:376; Melk, Stiftsbibliothek, MS 728 (967), fol. 56v. See also L. Elaut, "The Walcourt Manuscript: A Hygienic Vade-Mecum for Monks," 13 (1958): 184–209. For the association between wine and courage, see Matthew Klemm, "Medicine and Moral Virtue in the *Expositio Problematum Aristotelis* of Peter of Abano," *Early Science and Medicine* 11:3 (2006): 302–335.

44 See the *exempla* in Thomas de Cantimpré, *Bonum universale de apibus* (Douai, 1627), 251, 536.

45 Psalm 104:15.

46 Guido de Monte Rocherii, *Manipulus curatorum* (London, 1508), np; anonymous, "Life of Soul," trans. Paul F. Schaffner, in *Cultures of Piety: Medieval English Devotional Literature in Translation*, ed. Anne Clark Bartlett and Thomas Howard Bestul (Ithaca, Cornell University Press, 1999), 134; Manuel Ambrosio Sánchez Sánchez, *Un sermonario Castellano Medieval. El ms. 1854 de la Biblioteca universitaria de Salamanca* (Salamanca: Ediciones Universidad de Salamanca, 1999), 295.

governed by the soul and its appetites.⁴⁷ Whether explicitly or *ex silencio* Thomas's opinion became the prevailing interpretation of the hylomorphic nature of the emotions. The notion that the movement of emotions originated only in the soul safeguarded the supremacy of the soul over the body.

Some philosophers blunted the edge of this view by ascribing some agency to the body, that is, as initiating movement. The commentary attributed to the thirteenth-century logician, Peter of Spain, for example, discussed certain movements that follow an action in the soul and thereby inadvertently move the body. Other movements involve the body and soul hybrid—as in the case of matter affecting form (such as in sleep) or form that moves matter (as in imagination and sensation).⁴⁸ Nevertheless, despite Peter's allowance of a material influence on the soul, emotions belonged to the latter kind of movement—that of form influencing matter.⁴⁹ Almost a century later, the important French philosopher Nicholas Oresme (c. 1320–1382) offered a more complex account of the relationship between the body and the soul. Oresme suggested two kinds of movement of passions: a movement of the soul that moves the body, as in the case of the psychological phenomenon of anger that changes the state of the body, and a bodily state that generates psychological occurrences, as in a choleric complexion that renders one prone to anger.⁵⁰ Though a number of scholastic scholars discussed the movement of the humours and their imbalance with regard to the emotions, Oresme was exceptional in proposing that it

47 To refute the conjecture that complexion may dictate emotional states, in *De motu cordi* Aquinas presented a very clear argument for the soul's dominance. See Thomas Aquinas, *Opera omnia*, vol. 43 (Rome, Editori di San Tommaso, 1976), 91–130.

48 Despite much scholarly inquiry, the identity of the philosopher Peter of Spain is still unknown. He is assumed to be a Dominican who studied for a time in Paris. See Joke Spruyt, "Peter of Spain," *The Stanford Encyclopedia of Philosophy* online (Winter, 2012 edition), ed. Edward N. Zalta, url=<<http://plato.stanford.edu/archives/win2012/entries/peter-spain/>>.

49 Pedro Hispano, *Obras filosóficas: Comentario al De anima de Aristóteles*, ed. S.I. Manuel Alonso (Madrid: Instituto de Filosofía "Luis Vives," 1944), 294–299. A somewhat more radical contemporary opinion that the movement of emotions occurred in the sensitive soul *with* the body was suggested by an anonymous teacher in Paris (c. 1273–1277); see "Un commentaire semi-Averroïste du traité de l'âme," in *Trois commentaires anonymes sur le traité de l'âme d'Aristote*, ed. Maurice Giele, Fernand Van Steenberghe, and Bernard Bazán (Louvain: Publications universitaires, 1971), 184. This position echoes Gentile da Foligno's argument in his medical commentary on the *Canon*.

50 Nicolaus Oresme, *Nicolai Oresme Expositio et quaestiones in Aristotelis De anima*, ed. Benoît Patat and Claude Gagnon (Louvain-la-Neuve: Éditions de l'institut supérieur de philosophie, 1995), 11–12.

can be the cause of emotional change rather than its outcome.⁵¹ However, as his interests lay elsewhere, he did not expand on the means of altering emotional states. Thus the value of medicine, or the material means for moving the soul, was overlooked. In any case, Oresme here articulates a strong mutuality of body and soul. While it might well be that his position was influenced by his knowledge of medical material evident elsewhere in his commentary, here we see that the opinion circulated within the wider scholarly community.

During the thirteenth and fourteenth centuries opinions of influential thinkers on the continent saw both the pre-eminence of a guiding theory and the spread of alternative, sometimes contesting, notions of the way in which the body and the soul interacted. Considering Thomas Aquinas's reference to physicians and his mention of humoral theory, it seems plausible that the spread of medical knowledge, both learned and popular, figured prominently in articulating varied forms of the relationship between body and soul. As Damien Boquet and Piroska Nagy suggest, the science of emotions developed in tandem with the medical theory of the soul.⁵² But while scholars who were not physicians introduced medical concepts without commitment to the medical discipline, professors of medicine sought to accommodate in a much more careful way medical theory and practice within the structure of the period's philosophical conventions.

The validity of medicine depended on matter being able to influence cognitive and mental activities, if not the soul as a whole. As such, medical writers were obliged to engage with this notion. Yet the issue posed a problem for the philosophical grounds of medicine. Thus, scholarly medical treatises mostly skirted the theoretical implications of the movement of the soul when considering the relationship between emotions and humours. This allowed the authors to express unconventional views while at the same time appearing to concur with accepted philosophical tenets. Attempts to discuss this issue directly were few and far between. Two exceptions appear in commentaries on Hippocrates's twenty-third aphorism of his sixth book: "Patients with fear or

51 Albertus Magnus noted that changes in the humoral balance occur in emotions and that every person might feel emotions and bodily expressions differently because of their individual nature. Albertus Magnus, *De anima*, 12. A similar explanation can be found in the commentary of the fourteenth-century philosopher Jean Buridan. Jean Buridan, *Expositio in Aristotelis De anima: Le traité de l'âme de Jean Buridan*, ed. Benoît Patar (Louvain-la-Neuve: Éditions de l'institut supérieur de philosophie, 1991), 12–14.

52 Boquet and Nagy, "Medieval Sciences of Emotions," 25.

depression of longstanding are subject to melancholia.”⁵³ Taddeo Alderotti emphasized the physical nature of the emotions, but refrained from claiming that complexion, a material substance, could be the cause of the former. Instead he noted cautiously that the complexion might determine a mental state, though not for the emotion itself.⁵⁴ Thus, while hinting at the importance of well-tempered complexions, Alderotti stopped short of claiming that it was possible for emotions to be changed through matter (e.g., through the use of medical substances). About a hundred and fifty years later, Ugo Benzi was not as hesitant when he suggested that the influence could be mutual. Just as fear and pusillanimity can cause melancholy, the black and tenebrous characteristics of melancholic humour can cause fear, or even bring about manic episodes:

Note that melancholy corrupts cognitive and estimative faculties, one could decline towards fear and malice because of melancholic humour, and this is the common way in which mania is caught.⁵⁵

Benzi here and Oresme above share certain conceptual features. Perhaps this signals more openness to the impact of the body on the soul from the second half of the fourteenth century on. Pending further research, however, this remains a highly speculative suggestion. The two medical commentaries, the one written by Ugo and the other by Taddeo, suggest a further interesting aspect: both treat a text that had practice at its core. Commentaries of a more theoretical bent (on the *Tegni* and *Canon*) related to the topic in a rather implicit and vague manner, preferring to sidestep the thorny topic of the influence of matter on the soul.

Pietro d'Abano (1257–1316) was another author who elaborated on the relationship of the body and soul. In his *Conciliator*, Pietro argued that the soul is dependent on the body and that complexion may alter the state of the soul. His work, which preceded Ugo Benzi's commentary by more than a century, thoroughly investigated the nature of complexion. Pietro, of Italian origin, was a generation younger than Alderotti. He taught both at Paris and at Padua and wrote treatises on medicine and astrology. His *Conciliator* was devoted to accommodating natural philosophical and medical approaches. He aimed to

53 Hippocrates, *Hippocratic Writings*, ed. G.E.R. Lloyd, trans. J. Chadwick and W.N. Mann et al. (London: Penguin Books, 1978 repr. 1983), 229; Ugo Benzi, *Expositio super aphorismos Hippocratis et super Galeni commentum* (Venice, 1498), fol. 148v.

54 Taddeo Alderotti, *Expositiones in arduum aphorismorum Ipcratis...* (Venice, 1527), fol. 175v.

55 Ugo Benzi, *Expositio super aphorismos*, fol. 148v.

establish a more solid and codified theory of medicine grounded in philosophy. Though he argued against the idea that the soul was itself complexion, he nevertheless claimed that in the living body the balance of complexion affects the state of the soul.⁵⁶ Preferring this “medical perspective on the soul” as Mathew Klemm has termed it, Pietro endorsed the notion that as medical intervention has the capacity to influence the patient’s behaviour, it is bound by a moral obligation. For Pietro, the soul is medicine’s most important patient, notwithstanding the fact that it is not treated directly. As such, the Italian jettisoned the “care of the body-care of the soul” binary. At this point, we may glimpse the professional implications of constructions of the relationship between the soul and the body. By defining the nature of the soul through a study of the body, Pietro made a strong case for the necessity of knowledge of the body and medical intervention in the event of complexional imbalance. Thus, engagement with the accidents of the soul broke ground for justifying the premise of professional medicine in general and for its moral and even spiritual function in particular.

Medical Intervention: The Boundaries of Treating Emotions

In staking a claim for the moral role of medicine, Pietro d’Abano entered into a highly contentious zone. Despite the psychosomatic view discussed above, physicians were restricted to the treatment of the physical body. Non-medical texts that directly criticized university physicians for assuming authority that did not rightfully belong to them (Petrarch’s invectives being the most famous of these) are not many, yet we may detect a silent doubt in learned physicians’ abilities in this domain in the ample material on the efficacy of saints’ healing and folk exorcism remedies.⁵⁷ In fact, in cases that were understood to involve mental incapacities even physicians sometime advise turning to such practices.⁵⁸ It seems, then, that people of the thirteenth and fourteenth centuries did not turn to physicians for emotional care. This may have changed towards

56 Mathew Klemm, “A Medical Perspective on the Soul,” in *Psychology and the Other Disciplines*, ed. Paul J.J.M. Bakker and Sander W. de Boer (Leiden: Brill, 2012), 275–295.

57 Francesco Petrarca, *Invectives* (Cambridge, MA: Harvard University Press, 2003), 72. For further discussion of Petrarch’s views on medicine, see George W. McClure, *The Culture of Profession in Late Renaissance Italy* (Toronto: University of Toronto Press, 2004), 4–10. See the various essays in Sari Katajala-Peltomaa and Susanna Niranen, *Mental (Dis)Order in Later Medieval Europe* (Leiden: Brill, 2014).

58 See, for example, Luke E. Demaitre, *Doctor Bernard de Gordon: Professor and Practitioner* (Toronto: Pontifical Institute of Mediaeval Studies, 1980), 157–161.

the late fourteenth century as physicians were increasingly called upon to examine cases of suspected mental disturbance, such as demonic possession.⁵⁹ Nevertheless, internal professional debates on the topic of physicians' authority over the soul surface much earlier on. If only in a subdued tone with covert implications, many medical texts, certainly those discussing the rudiments of the medical professions, related to the boundary of medical treatment of the emotions specifically and the soul more generally.

This boundary became, for example, a recurrent topic in the commentaries of Galen's *Tegni*, a text taught in every European medical school between the late twelfth and fifteenth centuries. The third book of the *Tegni* opens with a review of causes for change in the humours and the complexions, among which emotions are mentioned:

It is indeed required to abstain from intemperance of the passions of the soul, namely, from anger, sorrow, and joy and fury and fear and envy and worries. Since these expel and move the body from that which is its balance according to nature.⁶⁰

A short work, the *Tegni* omits any explanation as to why emotions would have such an effect on the body. A more elaborate account, which acknowledges the exceptionality of emotions as *materia medica*, appears in the first chapter of Galen's *De regimine sanitatis*. Describing the proper regimen for youth, Galen devoted a rather large section to the inculcation of particular habits, yoking together behaviour and health. Although peripheral to Galen's discussion, it is in this chapter that we find a point that would become pivotal in later medical debates on the place of emotions within medical practice. Drawing attention to the need for physicians' involvement in the management of emotions, Galen differentiated between addressing emotional issues for the sake of health and the prevention of sickness, and doing so in order to instil moral propriety.⁶¹ Ethics are the business of philosophers, not physicians, wrote Galen. His opinion resonates more loudly than he appears to have intended in the

59 Judith Bonzol, "The Medical Diagnosis of Demonic Possession in an Early Modern English Community," *Parergon* 26:1 (2009): 115–140.

60 Two translations of the Greek original circulated between the thirteenth and fifteenth centuries, and each used a different term to refer to the emotions: *Accidentia anime* in the translation from Arabic and *passiones anime* in the translation derived directly from the Greek. Galen, *Liber Tegni Galieni*, in *Articella* (Venice, 1483), fol. 187v.

61 Galen, *De regimine sanitatis*, in *Opera omnia*, vol. 2 (Venice, 1490), fol. 144r. For a discussion on Galen's views on the interaction between soul and body, see Luís García-Ballester, "Soul and Body, Disease of the Soul and Disease of the Body in Galen's Medical Thought,"

writings of many of his successors, who often expounded or modified it. This is particularly true in the case of the deeply influential eleventh-century physician Ali ibn Ridwān (or as the Latin authors referred to him—Haly Rodoan, d. c. 1061), whose commentary served as a trigger for the debate among late medieval Christian commentators.⁶²

Countering Galen, Haly alleged that accidents of the soul are an unusual case among the non-naturals, and perhaps should not be classed alongside them. While Haly acknowledged various ways in which emotions may affect the body, he nonetheless questioned their relevance to medical practice. Haly cites Galen's aforementioned reservation, but turns it into a central pillar of his argument by referring to it first and developing it at length. The aims of philosophy and medicine differ, he claims, but so do the methods each may apply. This limitation was further strengthened by the statement that an existing medical method for dealing with emotions ought to be followed.⁶³ Significantly, while Haly restricted the involvement of physicians with emotions, he did not prohibit it completely. Notwithstanding this flexibility, Haly's view, that physicians were to engage with emotions only insofar as they concerned illness, was portrayed by Latin commentators as overly categorical.⁶⁴ This stance, however, seems to have served their own rhetorical needs more than it reflected Haly's actual opinion. Haly's views came to represent, for Latin commentators, the restrictive perimeter of the professional boundaries of medicine. In comparing medicine with philosophy and law, Haly singularized medicine's specific realm—the realm of the body. With philosophy and law as the disciplines responsible for dictating correct emotional behaviour, medicine was relegated to monitoring the fluctuation of the humours.⁶⁵ Though dealing with the seemingly peripheral issue of emotions, this demarcation of the boundary between medicine and philosophy captured a foundational problem encountered by university physicians when articulating their view of the medical profession.

in *Le opere psicologiche di Galeno: atti del terzo colloquio galenico internazionale, Pavia, 10–12 Settembre 1986* (Naples: Bibliopolis, 1988), 117–152.

62 On the *Commentum Haly*, see Cornelius O'Boyle, *The Art of Medicine: Medical Teaching at the University of Paris, 1250–1400* (Leiden: Brill, 1998), 93–94.

63 “*Commentum Haly*,” in *Articella*, fol. 187v.

64 See, for example, Taddeo Alderotti, in *C. Gal. Micratechnen commentarii*, fol. 162r.; Petrus Turisanus, *Plusquam commentum in microtegni Galeni* (Venice, 1498), fol. 87v.; Ugo Benzi, *Expositio in libros Tegni, seu Artem medicam, una cum textu Galeni* (Alcala de Henares, 1498), fol. 73v.

65 A brief account of Haly's position on emotions in medicine as well as that of some of his commentators appears in Ottosson, *Scholastic Medicine and Philosophy*, 259–264.

As Siraisi, Jacquart, and Michael McVaugh have shown, university physicians struggled to position themselves somewhere between the abstract field of philosophy (in particular natural philosophy, but also the philosophy of ethics) and the mechanics of medical care.⁶⁶ These discussions centred on several issues, including the necessity of theoretical knowledge, the manner in which theoretical knowledge should accommodate medical knowledge, and the benefits of practical experience. The affinity between the philosopher's role and the physician's trade appeared already in one of the earliest Latin commentaries on the *Tegni*, that of Bartholomaeus of Salerno (fl. 1150–1180). According to historian Faith Wallis, the author was influenced strongly by Aristotelian writings, through which he expanded on the notion of equilibrium and the necessity of balance for health. This terminological and conceptual overlap made for a natural correspondence between philosophy and medical knowledge; both disciplines offered guidance for those who sought to restore their equilibrium.⁶⁷ The physician, like the philosopher, was responsible for offering this counsel wisely. This was not only a technical parallel. As Wallis shows, Bartholomaeus's formulation of the content of medical guidance was highly informed by Aristotelian ethics and the mores of Christian life.⁶⁸ Thus, sexual intercourse is to take place in accordance with Christian law and social mores. Although the preceding paragraph on the accidents of the soul ignored moral concerns, relating instead only to material influences, the introduction of an ethical perspective is significant. It would become a topos in commentaries over the next three centuries, specifically in chapters dealing with the emotions.⁶⁹ This is so much so, in fact, that it may be said that emotions were discussed in medical literature not only per se but also with respect to a set of more general and wide-ranging issues concerning the relationship of philosophy and medicine and the value of medicine as a *scientia*.

66 Nancy G. Siraisi, "Taddeo Alderotti and Bartolomeo da Varignana"; Michael R. McVaugh, *Tractatus de intentione medicorum*, ed. Michael R. McVaugh, in *AVOMO* V.1 (Barcelona: Universidad de Barcelona, 2000), 143–145; Pedro Gil-Sotres, *Regimen sanitatis ad regem Aragonum*, 805.

67 Faith Wallis, "12th-Century Commentaries in the *Tegni*: Bartholomaeus of Salerno and Others," in *L'ars Medica (Tegni) de Galien: Lectures antiques et médiévales*, ed. Nicoletta Palmieri (Saint-Etienne: Publications de l'Université de Saint-Etienne, 2008), 140–141. On Bartholomaeus's acquaintance with Aristotle's *Ethics*, see also Charles de Miramon, "Réception et oubli de l'*Ethica Vetustas* à Salerne et Bologne (1150–1180)," in *Mélanges en l'honneur d'Anne Lefebvre-Teillard*, ed. Bernard d'Alvernoche et al. (Paris: Éditions Panthéon-Assas, 2009), 734–738.

68 Wallis, "12th-Century Commentaries," 147–148.

69 Erfurt, Stadt- und Regionalbibliothek, MS CA 40 294, fol. 68v.

Grappling with the (somewhat anachronistic) image of the philosopher/lawyer whose concern is the care of the soul set forth by Haly, Taddeo Alderotti distinguished between two objectives which the treatment, or the consideration, of emotions may try to achieve: the preservation of the soul or the preservation of the body.⁷⁰ The first aims to prevent sin; the second, to prevent illness. Medical treatment of emotions, Taddeo concurred, should relate exclusively to physical health. However, taking a tack very different than that of Haly, Taddeo advances the view that the care of emotions is an integral aspect of medical practice. Moreover, Taddeo contends that the care of emotions ought to be thought of not only in view of the disposition of illness, as suggested by Haly, but also recognized as fundamental for the conservation of health.⁷¹ This line of argument was then developed by the next generations of physicians. For example, Taddeo's student, Pietro Torrigiano (1270–1350), emphasized the superior capacity of philosophy and law to instil and support appropriate emotional habits. At the same time, he stressed that the body and soul are united in living creatures, and maintain a relationship of mutual influence. This being the case, it is impossible to differentiate truly between the emotions of the body and those of the soul. This claim was further substantiated by a phrase Pietro attributed to Galen: "Evil deeds follow the *species* of distempered complexion." This statement, which can be found in the sources with slight variations (and various attributions), challenges the conventional disciplinary divide by tying together the preservation of bodily complexions with the prevention of "bad behaviour."⁷²

This ethical implication was further expanded upon by authors of popular regimens of health, notably Bernard de Gordon (1258–1311) and Maino de

70 See Pedro Gil-Sotres, *Regimen sanitatis*, ed. Garcia-Ballester, Paniagua and McVaugh, 805–807.

71 Taddeo Alderotti, *In C. Gal. Micratechnen commentarii*, fol. 162r. The physician Peter of Spain (1205–1277?) offered a similar position in his commentary, but there, in addition to the debate with Haly, the author also delved into the discussion on the nature of the passions—whether they are part of the vital powers or an external force. By weaving together this theoretical issue with the professional one, Peter exemplified well how theoretical queries on the nature of emotions carried strong implications for the articulation of medicine's professional authority. Madrid, Biblioteca Nacional, MS 1877, fol. 42v.

72 Petrus Turisanus, *Plusquam commentum in microtegni Galeni* (Venice, 1498), fol. 87v. Although this sentence captures the spirit of Galen's ideas in the first book of *De regimine sanitatis*, I have not found this exact quote. This is noteworthy as similar comments are found in other texts (e.g., the health regimens of Bernard de Gordon who credited Avicenna as the author of the sentence, and Maino de Maineri) and they seem to represent an ongoing oral tradition regarding the mutual influence of behaviour and health.

Maineri (d. 1368). These writers extended the need to care for emotions beyond the physical affairs of the body to include the impact of health on ones' moral behaviour. Bernard began his discussion of emotions in *Liber de conservatione vite humane* by stating the limited moral role held by physicians in the care of emotions. He then went on to undermine this position, clarifying that by addressing the accidents of the soul, physicians are bound to interfere in questions of morality and are therefore obligated to employ moral judgment.⁷³ Moreover, he claimed, as philosophers are few and hardly encountered on a regular basis, it is the physician's duty to be acquainted with some ethical knowledge (*scientiam moralem*): "and since the highest philosophy is to know how to converse with men and among all men of arts and sciences, and the physician is the one most trained in conversing with people, he must therefore know some moral science with which to instruct all."⁷⁴ In Maino's case this is expressed more succinctly in his particular version of the above-mentioned phrase attributed to Galen: "Evil men follow humoural intemperance."⁷⁵ Physicians, it is implied, can cure men of their evil habits when they tend to their imbalanced complexions. The ethical and the physical intermingled in the advice another influential *regimen* author, Arnau de Vilanova (1240–1311) gave to King Jaume II. He advised Jaume to avoid sorrow and anger because of the imbalance they cause, supporting his opinion by citing a passage on the impropriety of a ruler who expresses without moderation these emotions.⁷⁶

The *regimina* literature advice appears then to be relatively loose-tongued with respect to morality. This tendency of practical and lay-oriented medical

73 "Quare medicus tenetur considerari accidentia anime et per consequens mores hominum laudabiles et illaudabiles. Quia secundum Avicenna ut dictum est sicut mali mores sequuntur malam complexionis ita mala complexio sequitur malos mores, quare medicus tenetur scire mores laudabiles et illaudabiles et ita saltem in relatione ad corpus, magnus moralis medicus debet esse." Bernard de Gordon, *De conservatione vite humane*, in *Opus, liliū medicinae inscriptum...* (Lyon, 1574) fol. 856.

74 "Et quia summa philosophia est scire inter homines conversari et inter omnes artifices et scientes plus conversatur medicus inter homines ideo tenetur scire aliquam scientiam moralem per quam instruat omnes. Modo igitur instruere debet quo ad corpus et modo quod ad animam. Nam cum homo communis sit communis scire debet. Et secundum hoc licitum est medico instruere pueros in his, quae dicta sunt. Argumenti Auicennae dico quod philosophus considerat aliter, principaliter quo ad animam ut melior fiat, sed medicus primo considerat de secundario animam et ita quilibet poterit considerare secundum diversas intentiones. Medici igitur considerant ut nunquam sanitas corrumpatur et ibi est finis medici in quantum medicus est." *Ibid.* See also Demaitre, *Doctor Bernard de Gordon*, 167–168.

75 Maino de Maineri, *Regimen sanitatis*, fol. 143r.

76 Arnaldus de Villanova, *Regimen sanitatis*, 436.

literature was perhaps shaped by the personal ties physicians had with their patients, often kings and nobility, to whom they dedicated their work. Employment at the courts meant for some physicians a service of educated courtiers assuming a cultural role of addressing the moral norms endorsed by their patrons. It appears that the role of offering medical counsel, which had its own ethical code among physicians, was readily transformed into a license for offering general counsel of moral well-being.⁷⁷

Of course, such engagement with the affairs of the soul continued to be disputed even among these same authors. In *Speculum medicine*, Arnau himself devoted a large section of his chapter on the accidents of the soul to arguing that only a strict number of emotions, all of them capable of altering the body, should be treated, and then only with regard to their physical impact.⁷⁸ Yet a sharp distinction between theory and practice does not do full justice to the problem at hand. Examination of medical literature on the topic reveals that this voice surfaces repeatedly in theoretical works as well. Joseph Ziegler's study of the two "theologizing physicians" Arnau de Vilanova and the Genoese Galvano de Levanto (d. 1340) particularly highlights this debate. Both authors foregrounded the moral role of the physician and his obligation to direct his patients to moral, Christian, behaviour. As Ziegler shows, for this very devout pair, the argument that physicians may be divinely inspired was a very personal claim of authority, but it was also an allowance to cross disciplinary boundaries.⁷⁹ Interestingly, the strongest endorsement for actively engaging in the "care of the soul" appears rather in Arnau's *De simplicibus*, a work on simples, in which the author remarks that "the art of medicine is inclined to affect everything" and that through medicine all habits can change.⁸⁰ Yet even then, Arnau's remedies are simples, and so remain within the precincts of his craft.

Moreover, whether expressed tacitly in Taddeo's and Pietro da Tossignano's texts, or more openly in the works of Arnau de Vilanova and Galvano de Levanto, we find an ongoing negotiation of the most suitable manner of treating

77 Chiara Crisciani, "Éthique des *consilia* et de la consultation: à propos de la cohésion morale de la profession médicale (XIII^e–XIV^e siècles)," trans. Marilyn Nicoud, *Médiévales* 46 (2004): 23–44.

78 Arnaldus de Villanova, *Speculum medicine*, in *Hec sunt opera Arnaldi de Villanova que in hoc volumine continentur...* (Lyon, 1504), fol. 28v.

79 Ziegler, *Medicine and Religion*, 152–157; idem, "Arnau de Vilanova: A Case-Study of a Theologizing Physician," *Actes de la I Trobada Internacional d'Estudis sobre Arnau de Vilanova* 2 (1995): 249–303, esp. 290–291. See also Michael R. McVaugh, "Moments of Inflection: The Careers of Arnau de Vilanova," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (Woodbridge: York Medieval Press, 2001), 47–67.

80 Quoted in Ziegler, *Medicine and Religion*, 154.

the *accidentia anime* in theoretical treatises as well. After all, only a thin line separated the endorsement of emotional health and well-being in accordance with cultural and religious norms and the aspiration to lead patients to virtue (caring for the *homo virtuosus*). Thus, despite absolute statements that the rightful purview of medicine ends at the body, with emotions treated to prevent sickness alone, concessions abound and they seem to become more adamant as the decades pass.⁸¹ Niccolò Falcucci's (d. c. 1411) list of emotions that influence the body was dramatically longer than those of his predecessors. For Falcucci, hatred was a physical emotion, and he elaborated on the tremendous influence habits may have on a person's state of health.⁸² Ugo Benzi affirmed outright that Haly had erred with regard to the topic, and that the physician is obliged to teach his patient about the power of emotions. In Benzi's view, damage to the soul and intellect can result from physicians ignoring emotional states.⁸³ Finally, the Florentine Michele Savonarola (1384–1468) argued in a theoretical discussion on the basics of medical practice in his *Practica* that emotions ought to be treated like all other non-naturals because the former, like the latter, are capable of altering the body's state of health. In addition, attention to them will prove fruitful in diagnostics.⁸⁴ While specifying the

81 "Debet itaque medicus qui vult custodire sanitatem studere ne mores animi corrumpantur non ut philosophus dixit ut conservetur animi sanitas et faciat hominem virtuosum sed ut non facile veniat in egritudinem corpus." Niccolò Falcucci, *Sermones medicinales septem* (Venice, 1490), fol. 41v.

82 "Et proinde est homo rancoris et odii: odium autem est propter perseverantiam forme nocive in imaginatione sui et fantasia et perseverantia filis imaginationis et effectus ad vindictam sumendam ex eo est quod ira est quodadmodum firma et motus ad vindicta non valde fortis [...] Mores insuper anime complexionem corporis alterant et permutant." *Ibid.*

83 "Et quantum ad hoc puto primam expositionem veriore: et miror quod monacus istius probabilitatem affirmat, nam Galenus primo de regimine sanitatis ad literam vult primam sententiam dicit per tres columnas post principium hoc modo ad literam quod debet medicum qui debet custodire sanitatem studere ne mores animi corrumpantur non ut philosophus ut conservet ipsius anime sanitatem et faciat hominem virtuosum sed ut non facile in egritudinem deveniat corpus et enim furor et fletus et ira et tristitia et somnus amplior quam oportet et vigilie que super his fiunt febrium et aliarum egritudinum fiunt principia sicut econtrario pigritia mentis et amentia et anima difaria de se sed decolorationem et denutricationem macilentiam operatur infirmitate naturalis caloris quem omnibus magis custodire oportet infra terminos sanitatis, custoditur autem a moderatis gymnasiis anime et corporis." Ugo Benzi, *Expositi Ugonis Senensis super libros Tegni* (Venice, 1498), fols. 73r–v.

84 "De quinta re non naturali sequitur, scilicet, de accidentibus anime: in quibus utinam tamen valerent obedire egrotantes ut in ceteris non naturalibus rebus. Plurimi enim ex in-

physical changes accompanying the emotions, Savonarola bolstered his argument by referring to Avicenna's discussion on the power of imagination, another affect of the soul, to influence "alien" bodies.⁸⁵ In no place, however, did he draw the distinction, apparent in the writings of other physicians, between emotions of the soul and emotions of the body. This omission frees the physician of restrictions and encourages him to explore his patients' emotional life, or, as the author wrote in a section concerning joy: "Whence it ought to be that the physician will be knowledgeable in this so that he will know the habits and customs of the sick [...] so that when it will be proper he shall induce joy as much as he can."⁸⁶ These statements disclose an ongoing concern for keeping the parameters of the profession clearly set both in terms of the knowledge expected of physicians and in terms of the care they offer. Nevertheless they also reveal a growing willingness to take part in the design and regulation of emotional codes.

Hence, emotions did figure into the designing of the image of the physician during this period, albeit in a relatively peripheral way. When acknowledging the importance of the treatment of the accidents of the soul, medicine was dealing with more than the body alone. Although anxious to assert their mandate over the body and its physical state, medical practitioners and theorists were also interested in the soul, its faculties and their correspondence with the living body. Along the way, they considered whether or not habits and feelings were located within their domain of authority. Addressing such manifestations of the soul extended their reliance on philosophy beyond the system of natural philosophy (as seen in the debates on the nature of the relationship between the body and the soul) to the realm of ethics and morality. But in broadening the scope of medical intervention, physicians tread on the path of another

gentibus anime accidentibus ut videbitur commoriuntur, multorum causa sunt interitus, que et medicos frequenter latent cum signa nisi relatione infirmorum manifesta non habeant. Multorumque morborum causa salutis frequentissime reperiuntur [...] Ex quibus omnibus habentur iuvamenta et nocumenta qua ex accidentibus anime consurgere pertinent que medicus sua discretione in curandis egris debite et suo modo gubernet." Giovanni Michele Savonarola, *Practica Iohannis Michaelis Savonarole* (Venice, 1547), fol. 20v.

85 "Preter has autem affectiones animales iam dictas alie sunt multe, sicut imaginationes que non minus sunt sanitatis aut egritudinis factive. Avicenna in quarta sexti naturalium quarto capitulo posuit intentione propria quod anima humana propter fortem imaginationem non solum proprium corpus sufficit immutare, sed etiam alienum, ita ut fortis imaginatio unius sufficit alienum corpus sanum egrum facere et econtra, quod pluribus signis et rationibus comprobatur." *Ibid.*

86 "Unde oportet medicum in hoc prudentem fore ut cognoscat mores et consuetudines egrotantis [...] ut cum oportuerit gaudium pro posse inducat." *Ibid.*

core profession of late medieval society: the priesthood. If commenting on habits and moods proved risky, what of the religious and devotional aspects of emotional life? Should physicians consider the spiritual well-being manifest in emotions such as anger, envy, or love? Though at first sight physicians seem to have resisted and even restricted addressing spiritual matters, the sources show that in some cases the Christian context and frame of thought of the authors inspired them to supersede the physical prism and consider the spiritual state of the soul. Physicians were generally eager to maintain a set discourse of emotions that corresponded to particular professional boundaries. Thus, variations in practice are indicative of shifts in the ways physicians saw their professional role. Chapters 4 and 5 will examine closely such cases to identify the social and cultural settings that allowed the expansion of the medical discourse on the emotions and the soul. However, to grasp fully the conventional notions the scholarly medical field ascribed to emotions, we must turn to consider how theory was put into practice. Although medicine was inspired by and articulated through philosophical thought and textual traditions, it was oriented towards, and arguably defined by, its encounter with patients, the methods medicine proposed for treating emotions, the rationales behind them, and how these methods compared to other contemporary ways of managing the emotions and the soul.

Treating Emotions

The ninth method is purification by means of sweating, either commendable or deplorable. Indeed, as in every sick person the pores of the flesh open so that by means of sweating a purging of the disease shall be made, thus by means of confession of sins commendable purging of the soul should be made. Since moderate sweating is commendable if it is done from all the members, when truly the sweat drips from all the body it testifies to the strength of all the members (which is a good sign). Similarly, the sweat of confession should be done for all kinds of sins. But when the sweat will pour from some part of the body, for example from the head, it derives from the weakness of the members.

HUGO DE FOLIETO, *De medicina anime*, 18, in *PL* 176, col. 1198

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The confessor is required to heal spiritual vice of the sick in the same way that the physician of the body heals the sick and to have compassion for him by training the sick person flattering him with words, promising him health so that the sick person will reveal assuredly the degree of the disease and the severity of the pains. In such a way the priest, as a spiritual physician, while he encounters a sinner, who is as if spiritually sick, needs to entice the sinner with words, soften him with flattery, so that the sick person, that is the sinner, will more readily reveal his sickness, that is his sin [...] [The confessor] should calm him that he shall not be ashamed to confess to him.

GUIDO DE MONTE ROCHERII, *Manipulus curatorum* (London, 1508), np

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Confession was depicted in late medieval pastoral literature as a medicinal act. This idea rested on a long history of associating Christian ritual with healing and Christ himself as the divine physician—*Christus Medicus*.¹ As Jesus was

1 Darrel W. Amundsen and Gary B. Ferngren, "Medicine and Religion: Pre-Christian Antiquity," in *Health/Medicine and the Faith Traditions*, ed. Martin E. Marty and Kenneth L. Vaux

the “true physician sent to us from heaven so that he may cure all our illnesses,” the path of devotion, through sacraments and particularly through penance, carried on his healing powers.² Yet, from the late twelfth century on, the rhetoric of healing became more detailed and exact. A growing interest in nature in general, fueled by medical literature, led theologians to introduce medical (and scientific) terms and ideas in their writings, particularly when discussing creation and the nature of humankind.³ With regard to theories of the passions, the inclusion of scientific language was essential to the conceptual formulation of sin, and its convergence into theology assisted in establishing distinctions between animal/sensitive reaction and willed choice. The influence of medical discourse had a practical angle too. The epigraphs to this chapter indicate the very popular invocation of medicinal imagery and the metaphor of sacrament as medicine in pastoral literature throughout medieval Christendom. Sin and illness were deeply associated already in ancient Christianity and sin was often described as a wound to be healed through repentance. From the twelfth century on, authors display an acute acquaintance with the principals of medicine when they address the medicine of penance. Such knowledge, as well as an established ideal of the physician at work, bespeak the prime place medicine had achieved in the period as a profession of providing care. Discussing the sacrament, Hugo de Folieto (c. 1096–c. 1172), a cleric and author of two influential allegorical texts on spiritual matters, imagined the act of confession as a medical procedure. Following this analogy, confession is beneficial only when it purges the whole body, uncovering each and every sin. This idea, that devotions and rituals offer *salus*, was particularly popular in devotional

(Philadelphia: Fortress, 1982), 53–92; idem, “Medicine and Religion: Early Christianity through the Middle Ages,” in *Health/Medicine*, 93–132; idem, “The Early Christian Tradition,” in *Caring and Curing: Health and Medicine in the Western Religious Traditions*, ed. Ronald L. Numbers and Darrel W. Amundsen (Baltimore: Johns Hopkins University Press, 1998), 40–64.

- 2 “Magnum est hominem sanare corporaliter, maius sanare spiritualiter, maximum sanare utroque modo. Taliter sanauit Christus, ideo dicit: totum hominem sanum feci in sabbato\ Fuit enim uerus medicus ad nos de celo transmissus ut omnes infirmitates nostras curaret.” Jacobus de Voragine, *Sermones aurei*, ed. Robert Clutius (Vienna, 1760), 102.
- 3 Tullio Gregory, “La nouvelle idée de nature et de savoir scientifique au XII^e siècle,” in *The Cultural Context of Medieval Learning*, ed. John Emery Murdoch and Edith Dudley Sylla (Dordrecht: D. Reidel, 1975), 193–218; Irene Caiazzo, “Nature et découverte de la nature au XII^e siècle: nouvelles perspectives,” *Quaestio* 15 (2015): 47–72. For later periods a very partial list includes: Joseph Ziegler, “*Ut dicunt medici*: Medical Knowledge and Theological Debates in the Second Half of the Thirteenth Century,” *Bulletin of the History of Medicine* 73:2 (1999): 208–237; idem, *Medicine and Religion c. 1300: The Case of Arnau de Vilanova* (Oxford: Oxford University Press, 1998); Maaïke van der Lugt, *Le ver, le démon et la vierge: Les théories médiévales de la génération extraordinaire* (Paris: Les Belles Lettres, 2004).

treatises in which private meditation was recommended.⁴ Focusing on the role of the priest, Guido de Monte Rocherii's (d. c. 1350) words, which derive from his manual for priests and relies on Canon 21 of Lateran IV, draw an analogy between the physicians of the body and the physicians of the soul.⁵ It is this analogy between medical care and pastoral care, enthusiastically developed in diverse sermons and penitential literature, that opens the door to the analysis of physicians and priests' methods of treatment of emotions.

It ought to be noted, however, that a similar convergence of language and ideas did not find a strict parallel in medicine. As we have seen with regard to the theory of the *accidentia anime*, medical authors were wary of directly addressing religious materials. The tradition of "rational" medicine did not favor unexplained mysteries, although it did not deny their validity.⁶ Nevertheless, medical knowledge and practice were inevitably shaped by culture and belief. Throughout the period examined here the Christian environment influenced in a multiform manner the practical life of the profession, through canon law, education, parallel healing practices, customs, and ethics.

Medicine and religion met on the topic of accidents, or passions, of the soul. Metaphoric similarities aside, this was a core concern of both fields, which yielded comparisons, and at times conflation. Despite the distinct meanings of emotions in medicine and pastoral theology, the two fields had similar vocabularies and shared a theoretical foundation for explaining the natural phenomena of anger or sorrow, or envy. This proximity did not elude the people of the period. However, with disciplinary interests setting the tone, physicians as authors of pastoral treatises generally engaged with the angle relevant to their field alone. Yet both groups recognized that emotions (passions or sins) needed to be managed well if body and soul were to be healthy. Thus physicians

4 Naoë Kukita Yoshikawa, "Heavenly Vision and Psychosomatic Healing: Medical Discourse in Mechtilde of Hackeborn's *The Booke of Gostlye Grace*," in *Medicine, Religion and Gender in Medieval Culture*, ed. Naoë Kukita Yoshikawa (Suffolk: D.S. Brewer, 2015), 67–84; Denis Renevey, "L'Imagerie des travaux ménagers dans 'The Doctrine of the Heart': spiritualité affective et subjectivité," in *Il cuore/The Heart*, *Micrologus* XI (Florence: SISMEL, 2003), 519–553; Daniel McCann, "Purgative Reading in Richard Rolle's *Meditations on the Passion*," *The Mediaeval Journal* 5.2 (2015): 53–83.

5 "Sacerdos autem sit discretus et cautus, ut more periti medici superinfundat vinum et oleum vulneribus sauciati, diligenter inquirens et peccatoris circumstantias et peccati, per quas prudenter intelligat, quale illi consilium debeat exhibere et cuiusmodi remedium adhibere, diversis experimentis utendo ad sanandum aegrotum." *Decrees of the Ecumenical Councils*, ed. Norman P. Tanner (London: Georgetown University Press, 1990), 245.

6 See, for example, Lea T. Olsan, "Charms and Prayers in Medieval Medical Theory and Practice," *Social History of Medicine* 16:3 (2003): 343–366; Per-Gunnar Ottosson, *Scholastic Medicine and Philosophy: A Study of Commentaries on Galen's Tegni, ca. 1300–1450* (Naples: Bibliopolis, 1984), 264–270.

and priests met at a point not only with regard to authority and the role of the “care-giver” in offering counsel and remedy, but also with respect to therapeutic practices.

The techniques for altering and (re)directing emotional states found in practice-oriented sources, namely, *consilia*, regimens of health, and manuals for confessors, were gleaned from the western Mediterranean areas, but may display trends found throughout learned Latin communities. This is particularly likely with regard to the instruction available in confession manuals, which circulated widely, but this might be true as well for the *regimina* literature. Still, in view of the general picture, modifications to the tradition appear, allowing us to identify particularities that seem to be local and time specific. Thus sifting through the advice physicians provided to their patients and their instructions on how to extract valid confessions, we learn of various schemes to deal with emotions, but also of innovations and idiosyncracies. And while much of the advice ought to be considered as theoretical, never put to practical use (although it likely had some resonance in reality), these innovations support the sense that in identifying methodologies of treating emotions a step further is taken in unveiling conceptualizations of emotions and their functions in the two disciplines.

Two constitutive concepts in therapeutics—purgation (or catharsis) and balance (or equilibrium)—highlight preliminary notions the disciplines hold. Methods of treatment, alongside an assessment of their major tenets and theoretical assumptions, changed over time and geographical provenance, and it is possible to detect a shift from material attitude to a cognitive, or mental, approach in tending to the emotions. This shift coincides with the expansion in vocabularies of emotions. The extent to which the use of common metaphors and borrowed language indicates an interchange that adopts actual ideas is questionable. Rather, a nuanced account of how, when, and where the nexus or, at least, the shared interest of medicine and pastoral care contributed to shaping the treatment of emotions in each discipline is called for.

Catharsis and Balance

Hugo de Folieto held confession to be a physical process of emitting superfluous matter by sweating it through the pores of the body. For him, just as medical purgation drains sickness from the body, confession drains sin from the soul. This idea turned out to be quite compelling. Peter of Blois (1135–1203) compared confession to bloodletting,⁷ the Dominican Giordano da Pisa

7 Peter of Blois, *De duodecim utilitatibus tribulationis*, in *PL* 207, col. 992–993.

(1255–1311) encouraged the expulsion of sin in the way excessive heat is to be extracted from the body,⁸ William of Auvergne (c. 1180–1249) elaborately described confession as purgative vomit,⁹ and Domenico Cavalca (1270–1342), with a more general approach, identified confession (and baptism) as purgative remedies.¹⁰ Since the use of purgatives was foundational to medicine of the period, the association is unsurprising. Yet the association of healing through purgation both of body and soul derives from ancient ideas.

In Greek thought, *catharsis* (or *purgatio* in Latin) denoted both a medical and a spiritual act of purification. Plato and Aristotle discussed purgation in their philosophical writings as a spiritual experience, but both defined this process by relying on the medical principle of emission and cleansing. In the *Timaeus* Plato equated the physical body, which moves endlessly between repletion and emission, with the movement of the soul, which demands balance. Calcidius's commentary on Plato's work extended the analogy between medical purification, intended to retrieve physical equilibrium, and the purification of the soul.¹¹ Aristotle, in turn, wrote of catharsis in many contexts, including ethics, medicine, emotional processes, and literature. Though modern scholars are most interested in the poetic sense of catharsis, in the late Middle Ages this notion circulated through Averroes's commentary and probably had little direct influence on the pastoral tradition.¹² A more prominent contribution to the understanding of catharsis derived from Aristotle's writings on biology and natural philosophy. Nevertheless, as literary scholar Elizabeth Belfiore has noted, Aristotle developed his ideas with material processes in mind, but considered mental and moral as well as physical health to be the end-product

8 Giordano da Pisa, *Quaresimale Fiorentino 1305–1306*, ed. Carlo Delcorno (Florence: Sansoni, 1974), 18.

9 William of Auvergne, *Guilelmi Alverni Episcopi Parisiensis Opera omnia*, ed. F. Hotot, and supplementum, ed. B. Le Feron (Orléans and Paris, 1674; repr. Frankfurt a. M., 1963), I, 487aB.

10 Domenico Cavalca, *Lo Specchio della croce* (Bologna: Edizioni Studio Domenicano, 1992), 292–294. See other examples in Daniel McCann, “Medicine of Words: Purgative Reading in Richard Rolle's *Meditations on the Passion*,” *The Mediaeval Journal* 5:2 (2015): 53–83.

11 Plato, *Timaeus*, trans. Peter Kalkavage (Newburyport: Focus Publishing, 2001), 74–75, (passages 43c–44d). Plato Latinus, *Timaeus*, ed. J.H. Waszink (Leiden: Brill, 1962), 51. For more on this topic, see Patrick Gallacher, “Food, Laxatives, and Catharsis in Chaucer's Nun's Tale,” *Speculum* 51:1 (1976): 51–54.

12 McCann, “Purgative Reading,” 56. See also Vincent Gillespie, “From the Twelfth Century to c. 1450,” in *The Cambridge History of Literary Criticism*, vol. ii: *The Middle Ages*, ed. Alastair Minnis and Ian Johnson (Cambridge: Cambridge University Press, 2005), 145–236.

of catharsis.¹³ This idea was picked up by later philosophers and, according to Martha Nussbaum, predominated in practical philosophical discussions in which methods of contemplation and conversation intended to induce purification of the soul were developed.¹⁴ This Greek tradition heavily influenced the writings of the Church Fathers and their thought concerning correct emotional behaviour, later to enter the discourse on penance.¹⁵ In this tradition, primacy of place was awarded to the passions both in stimulating purgation and as the element purged.

Despite the reliance on material catharsis, the penitential image of purgation portrays the body/soul as a vessel that requires repeated cleansing to retain its innate healthy order. It conveys a binary idea of good and bad, in and out, which is in fact almost inimical to the contemporary understanding of the function of medical purgation and of the nature of the body/soul. While medicinal techniques of sweating, inducing vomit, and bloodletting were widely used, they were practiced under the assumption of balance and the restoration of equilibrium. In contrast to the dualistic assumption that stood at the core of the purification of confession, medical purgation supported a more pluralistic sense of moderation. Within the complexional model, humours shift and qualities change, and health is gained through evenness of temperament. Joel Kaye's minute analysis of medical balance as it was articulated by thirteenth- and fourteenth-century physicians shows that balance was explicated as ever-dynamic, and that, following Galen, the idea of a set or perfect balance was rejected.¹⁶ This scholastic medical ideal of applying medicine in accordance with individual complexion was often neglected in favor of successful remedies accepted as being good for particular maladies.¹⁷ A similar preference for standard advice can be found in the case of the accidents of the soul. Despite this undermining of the idea by common practice, however, the theory, with

13 Elizabeth S. Belfiore, *Tragic Pleasures: Aristotle on Plot and Emotion* (Princeton: Princeton University Press, 1992), 291–336.

14 Martha C. Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics* (Princeton: Princeton University Press, 1994), 125–127, 310–311.

15 J. Warren Smith, *Passion and Paradise: Human and Divine Emotion in the Thought of Gregory of Nyssa* (New York: Crossroad, 2004), 75–103.

16 Joel Kaye, *A History of Balance 1250–1375: The Emergence of a New Model of Equilibrium and Its Impact on Thought* (Cambridge: Cambridge University Press, 2014), 183–240.

17 For discussion of the limited use of the theory of complexion in practice, see Peter Murray Jones, “*Complexio* and *Experimentum*: Tensions in Late Medieval Medical Practice,” in *The Body in Balance: Humoral Medicines in Practice*, ed. Peregrine Horden and Elisabeth Hsu (New York: Berghahn, 2013), 107–128.

its pluralistic outlook, continued to inform medical thought throughout the period I examine.

These two co-existing schemes of therapy, with their seeming resemblance and underlying difference, carried within them foundational assumptions that formed the practices of pastoral and medical care in general, and particularly that of emotions. First and foremost, the penitential view of the passions was driven by an ethical thrust that sought to issue a verdict on sin. Thus, while pastoral literature acknowledged the naturalist explanation of the origin of passions, the manuals were engaged with sins—that is, passions contrary to faith to which the will acquiesced. These were the “passions” that needed to be expelled from the soul to obtain health. The medical naturalistic perspective, by contrast, assessed the accidents not in and of themselves but according to the degree of imbalance they cause. The accidents of the soul were originally restricted to a handful of emotions, but this changed over time to include almost any expression of the soul.

Unearthing the methodology of caring for emotions in practical sources calls for patience. The texts are terse, typically enumerating emotions that should be avoided, perhaps adding a parallel list of those to be pursued. This is as true for the vice and virtue literature as for the *regimina* or *consilia*. Such writings rely on a degree of prior knowledge of the priest/physician or penitent/patient with regard to the rules that support their instructions, and suggest that their advice followed a “common sense” line that needed no explanation. Fortunately, some texts are more explicit about what this “common sense” might be.

Medicine of Opposites

Medieval herbal cures were often designed according to the notion that contraries cure by cancelling each other out. Thus a herb with opposing qualities to those characteristic of an illness may balance the problematic qualities and the humours.¹⁸ Several medical accounts of emotions reveal a similar cure through opposites. These cases imply that any given emotion has one that opposes it, and that the medical system of curing through opposites may be applicable to this realm as well. For instance, Bartholomaeus of Salerno (fl. 1150–1180) indicated that heart disease (syncope) might result from a number of mental and physical causes, as well as from the accidents of the soul such as

18 See Anne Van Arsdall, *Medieval Herbal Remedies: The Old English Herbarium and Anglo-Saxon Medicine* (London: Routledge, 2002), 69.

anger, joy, and pain.¹⁹ Among the cures of syncope, Bartholomaeus proposed to use medicine of contraries in cases where emotions cause the disease: when syncope is brought about by joy the cure would be to introduce news of something sad, and if the syncope is caused by sorrow, news of something joyful will cure the condition.²⁰ No further explanation is offered on the nature of this process; for example, whether it relates to the physicality of emotions or to their mental processes. Nor is the precise nature of the healing clarified. However, we might deduce the manner in which emotions occur. It seems that the cognitive process of learning something may provoke, or, alternatively, avert an emotion.

Bartholomaeus's attempt to implement the well-grounded notion of cure through contraries for the care of emotions appears to be unique. No similar, indisputable examples of such parallels of emotions placed in opposition to one another have been found. This absence is curious in light of the fact that emotions were often described as opposites in natural philosophy literature, both in consideration of the material movement they brought upon in the body and with respect to the appetites guiding them. Still if we broaden our definition of opposites to include not only emotions themselves but their appearance in material terms—as an unbalancing of temperament—we do find remedies that are meant to restore equilibrium. This approach appears often in relation to fear. As advised in a number of works (e.g., Bartholomaeus of Salerno's *practica*,²¹ the pseudo-Aristotelian *Problemata* 30,²² and in *Qui vult custodire sanitatem* circulating under the name of John of Toledo), fear is to be subdued by wine.²³ The warm qualities of wine heat and thus counter the cold temperament of those suffering from fear. John of Toledo offers

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- 19 "Sincopis est defectio motus cordis, que a quibusdam auctoribus malphatis, ab aliis ex solutio, ab aliis limpotomia, vulgo vocatur *spumatio* [?]; que fit ex affectionibus animi vel corporis, ex accidentibus animi, ut ex ira, gaudio, dolore." (Italics in De Renzi's edition.) Bartholomaeus of Salerno, *Practica Magistri Bartholomei Salernitani*, in *Collectio Salernitana*, ed. Salvatore De Renzi (Naples: Filiae-Sebezio, 1859, rep. 2001), 4:353.
- 20 "*De syncopi ex gaudio*- Contra syncopi ex gaudio nuntietur ei aliqua tristitia. Si fuerit ex tristitia, nuntietur ei aliquod magnum gaudium, quod videatur esse verum." *Ibid.*
- 21 "Verumtamen si egritudo lenta fuerit cum timore indiscreto, confert eis vinum calidum aliquantulum forte." Bartholomaeus of Salerno, *Practica*, in *Collectio Salernitana*, ed. De Renzi, 4:376.
- 22 Aristotle, *Problems*, Books XXII–XXXVIII, trans. W.E. Hett (Cambridge, MA: Harvard University Press, 1961), 157–159.
- 23 "et in partibus inferioribus guttam et gravitatem in toto corpore et tristitiam." Vienna, Cod. Mellensis 728 (967), fol. 56v. See also L. Elaut, ed., "The Walcourt Manuscript: A Hygienic Vade-Mecum for Monks," *Osiris* 13 (1958): 199.

another material remedy: a bath of salt water is suggested as a treatment to counter the sorrow that appears in cases of headaches. Aldobrandino da Siena (d. c. 1296–1299) suggested bloodletting to cure the sorrow of melancholy.²⁴ All these remedies operate within the concept of healing opposites through material alteration—adding heat where heat is lacking, reducing it when it is overly abundant, and so on. Ignoring possible mental or moral meanings of emotion, these remedies reflect a purely material view of the emotions.

This material concern is also seen with regard to illnesses that are particularly associated with a predominant emotional state: rabies, for example, may induce irrational fears, as does melancholy,²⁵ while Gentile da Foligno (d. 1348) discusses a state of folly that results from excessive joy.²⁶ Often treatment of these maladies actually omits regimen advice on emotions, providing instead only medicines. In such cases it is implicit but clear enough that a restoration of the humoral or qualitative balance would ultimately alter the patient's emotional state. Thus, Gentile prescribed a syrup containing cinnamon, fennel, and licorice, and another medicine composed of various ingredients, among them citrus, melissa, cedar, and clove—all have warming qualities—to a patient suffering from fear and melancholy. The Salamanca professor Fernán Álvarez Abarca (c.1456–1526) instructed a melancholic patient, who suffered fears and shame, to be anointed with oil.²⁷ These examples reveal a technique in which emotions were calculated by their qualitative imprint on the body, and were thus treated through altering the body's balance. This was a long-standing approach that appeared in recipe books and other medical treatises until the fifteenth century (and probably even later).

The notion of “cure of opposites” was reputable enough to be endorsed in pastoral care. In a long passage that likens the priest to a physician, Alain of

24 “Et sans ce que nous avons dit, il est i. autre maniere de cose, si com de melancolie, ki moult destruit le cors c'on puet remouvoir par purgier l'umeur et por user laituaies si com leticia Galieni, et avoir joie et lieche.” Aldobrandino da Siena, *Le régime du corps de maître Aldebrandin de Siennne: Texte français du XIIIe siècle, publié pour la première fois d'après les manuscrits de la Bibliothèque nationale et de la Bibliothèque de l'Arsenal*, ed. Louis Landouzy and Roger Pepin (Geneva: Slatkine, 1978), 32.

25 “indiscrete omnia timent,” Bartholomaeus of Salerno, *Practica*, in *Collectio Salernitana*, ed. De Renzi, 4:358.

26 Gentile da Foligno, *Consilia* (Pavia, 1488), np.

27 “Ponatur patiens coram homine quem verecundetur et timeat ut comedat quam oportet degeratur.” Madrid, Biblioteca Nacional, MS 4220, fol. 13v. On the author, see Luís García-Ballester, *La búsqueda de la salud: Sanadores y enfermos en la España medieval* (Barcelona: Ediciones Peninsula, 2001), 331.

Lille (1128–1202) suggested curing the sinner by means of contraries.²⁸ The concept appears extensively in the literature of vice and virtue, where it served as the basis for formulating the list of virtues. As early as Evagrius of Pontus (c. 346–399) and John Cassian (360–435), the virtues were introduced as contrasts to the capital sins and as medicine for them. By reflecting on or attending to a virtue, one could avert the parallel sin and be saved from falling into it. However, what constituted contraries in theological writings was not as easily determined as it was in the medical field. In fact, as Richard Newhauser has shown, the virtues and their attachment to a particular sin varied from text to text. Such flexibility may have served the interests of the authors, who could choose which aspects of the capital sins to emphasize.²⁹ Newhauser's mainly English sources often have patience as a counter to anger, but this was not the only affect advised.³⁰ This trend, predictably, is also evident among texts of the genre produced in the Mediterranean, particularly in Italy. For example, the Bologna magister Guido Faba (1190–c.1248) chose temperance as the antidote for anger;³¹ the anonymous Italian author of the popular fourteenth-century *Fiore di Virtù* thought that anger provoked strife and contrasted it with peace;³² in the *Tractatus de septem vitiis capitalibus* attributed to the Portuguese Dominican Andeas de Escobar (1348–1450), softness (*mollis*) and silence are said to contradict anger;³³ and the fifteenth-century Franciscan Angelus Carletus (1411–1495) counterposed anger to charity and justice.³⁴ Often we find that one

28 "Aegro vero pejus promittit nisi injuncta custodiat. Consequenter contrariis contraria curat." Alain de Lille, *Liber Poenitentialis*, ed. Jean Longere (Louvain: Éditions Nauwelaerts, 1965), 2:25.

29 Richard Newhauser, "Preaching the 'Contrary Virtues,'" *Mediaeval Studies* 70 (2008): 135–162.

30 *Ibid.*

31 "Iracundia nequiter dominatur et imperat si eam nutrimentum temperantie non compescat. Unde te rogamus et tibi pura conscientia suademus, ut animum tuum regas, iram temperes et compescas furorem ut ornatus virtute polleas et vitium eicias quod infestas." Virgilio Pini, "La *summa de vitiis et virtutibus* di Guido Faba," *Quadrivium* 1 (1956): 41–152; see 138–140.

32 "Della ira invecchiata discende discordia e rissa e guerra, che son contrari vizi della virtù di pace." *Fiore di Virtù*, ed. Agenore Gelli (Florence: Felice Le Monnier, 1856), 31.

33 Vienna, Schottenkloster, Ms 95, fol. 225v. It may well be that Andreas de Escobar relied here on Guillaume Perault's influential work, which also considered softness and silence to be remedies for anger. "Primum remedium contra iram alienam, est mollis responsio. Unde proverbium 15 'Mollis responsio frangit iram.'" Guillaume Perault, *Summa virtutum ac vitiorum* (Lyon, 1546), fol. 784.

34 "Si autem appetat quod fiat vindicta qualiter cumque etiam contra ordinem rationis, sic est ira ex genere suo peccatum mortale: quia contriatur charitati et iusticie." Angelus Carletus, *Summa de casibus conscientiae* (Strassburg, 1515), fol. 82r.

virtue opposes several sins: Astesanus de Ast (d. c.1330) discussed peace as contrary to *discordia*, *contentio*, *rixa*, *seditio*, and others;³⁵ Angelus Carletus considered envy, as well as anger, as contrasts to the virtue of charity.³⁶ The framework of healing opposites was not strictly employed, however, despite its methodical allure. There was no framework according to which the contraries were determined, whether with regard to their natural qualities (similar to hot and cold) or to their affects (an emotion-sin by an emotion-virtue). Thus they cannot be considered as true opposites. More importantly, only in some cases when the contrary virtue is mentioned it is presented as a remedy, while in other instances it is introduced simply for descriptive purposes. As Newhauser has explained, the relationship between the vices and virtues was not generally one of “entities sharing a medicinal relationship in which the sins are conceived of as wounds or diseases and the virtues as their remedies.” He further added that virtues are not described as *virtutes remediales*, despite the many references that define virtues as remedy to vice, in a general sense: “If *virtutes remediales* is used at all in medieval texts, it had no great impact as a designation on the majority of analyses of the vices and virtues, no matter how often virtues are described as *remedie* for the vices.”³⁷ In his precision, Newhauser draws attention to an existing gap between a metaphor and practice which allows for the entertaining of medical analogies but falls short of providing a medicinal structure based on them. Recalling the metaphor of purgation then, medical imagery seems to be used as an idea rather than an actual model of practice.

There are, however, exceptional examples for the use of contraries for overcoming emotion-sins. Martín Pérez (c. 1316), author of *Libro de las Confesiones*, advised those who wish to combat their envy to become humble towards the source of envy; this humility will produce charity and a feeling of joy in everybody's fortune.³⁸ Humility is not of course the opposite of envy but its cultivation is supposed to counter the sinful emotion, producing joy in others' fortune rather than sorrow (the recurrent definition of envy). Martín is unusual in his direct advice-giving to the penitent. Other references to the impact of virtue on sin are more general, considering the characteristics of a virtue but not offering the penitent any guidance on how to heal himself without the agency of

35 Astesanus de Ast, *Summa Astensis* (Lyon, 1519), 2.64, fols. 107r–109r.

36 Angelus Carletus, *Summa de casibus*, 81v.

37 Richard Newhauser, “Preaching the ‘Contrary Virtues,’” *Mediaeval Studies* 70 (2008): 135–162, esp. 137.

38 “Todo ome que este pecado vencer, faga bien a aquel de quien le nasce la enbidia e abaxese a servirlo con humildat, ca con la humildat cobrara la caridat que vence la enbidia e faze tomar plazzer con el bien de todos.” Martín Pérez, *Libro de las confesiones*, 191.

the priest. For example, Angelus Carletus took up such a tone when he devoted a short paragraph to *miser cordia* and its concomitant affects, noting, for example, that compassion may diminish sins and that gentleness (*mansuetudo*) removes the kind of anger that incites envy.³⁹ While Angelus explained the nature of compassion, which serves to contradict certain sins, he did not explicitly suggest that the confessor advise the penitent to strive to be compassionate. Compassion is discussed strictly within the context of the dictionary-like definitions characteristic of Angelus's work, which would have been irrelevant for the common penitent.

Finally, the incorporation of the virtues into the formula of interrogation as possible sins—that is—sins against the virtues. Thus, the Italian treatise of Bernardino da Siena (1380–1444), “Trattato della confessione ‘Renovamini,’” listed the seven principal virtues and directed the reader/confessor to consider sins committed against them.⁴⁰ A similar account appears in the very different text of Angelus Carletus, which included *inter alia* short chapters on patience, temperance, and softness. Each of these virtues is discussed not in reference to their healing/taming powers, but to the sins that could be committed against these virtues.⁴¹ The virtues are thus introduced not in and of themselves but as a means of exposing a larger variety of sins and circumstances of sinning. The cure for sin was once more not in cultivating contraries but in a meticulous interrogation that uncovers each and every sin. In light of the contemporary attempts of the institution of the church to establish confession as a rite performed through and by its own means, the indorsement of interrogation as the most comprehensive technique of purging sin, a method that necessitated the active presence of the priest, was far from accidental.

Medicine of opposites was, therefore, an idea that hovered over the care of the emotions/sins but never became the principal technique in either discipline. In both cases there was no programmatic division of emotional opposites, though this does appear (at least partially) in natural philosophical accounts as Thomas's *Summa theologiae*. Instead we find a general distinction between good and bad, or beneficial and harmful states, that prevents a systematic implementation of this concept. The medical notion of *complexio* allowed for a material evening out of emotional states by foodstuff, herbs, and evacuations, and, in a sense, this method captured finely medical understanding of

39 Angelus Carletus, *Summa de casibus*, fol. 171v.

40 Bernardino da Siena, “Trattato della confessione ‘Renovamini,’” in *Operette Volgari*, ed. P. Dionisio Pacetti (Florence: Libreria Editrice Fiorentina, 1938), 194–200.

41 Temperance is added under sobriety. Angelus Carletus, *Summa de casibus*, fols. 171v–172r, 185v, 224r.

emotions as movements of humours and qualities. It also accorded well with medicine's authority to deal with emotions only in relation to the body. Yet the many sources that reveal advice on how to avoid and engage in specific emotions indicates that physicians did not find the material approach sufficient. Through the confession interrogation process, pastoral theology too designed a method that suited its aim to absolve sin in a better way. To use modern (though arguably not anachronistic) language, these distinct techniques share a focus on enlisting pre-cognitive and cognitive faculties, or in medieval terms, faculties of the sensitive soul, in order to change behaviour or basic thought processes.

CBT

The term "behavioural medicine" is strongly linked in the twenty-first century with such terms as conditioning and stimulus response. The Pavlovian notion that one can be trained to adhere to or to refrain from certain states of mind through repeated intervention (such as electrical shock) is, of course, utterly foreign to medieval therapy of emotions. And yet, the concept "behavioural therapy" in relation to emotions helps us to identify a particular strand of treatment, which was extremely common in both medical and confessional literature of the late Middle Ages. Broadly speaking, contemporary behavioural therapy attempted to influence and alter habits by exercising a person's instincts.⁴² This treatment was executed without reflection or cognitive awareness, aiming to reach an automatic response. According to the behavioural theory of "three-term contingency," emotions should be considered as covert behaviours and thus possibly subjected to automatic response and conditioning.⁴³ This modern notion of emotions recalls to a certain extent the medieval understanding of the "first movement" of emotions, which is an instinctual and pre-cognitive response to situations. In turning to this precognitive therapy of emotions I wish to examine the particular interest in two aspects of the therapy of emotions apparent in the sources. The first is that emotions themselves were often effectively regarded as behaviours; the second is the use of the therapy of

42 For an account of the main trends of behaviour therapy today, see Richard Farmer and Alexander L. Chapman, *Behavioral Interventions in Cognitive Behavior Therapy: Practical Guidance for Putting Theory into Action* (Washington, DC: American Psychological Association, 2007), 3–7.

43 The "Three-Term Contingency" theory is employed as an analytical tool for patients' assessment in some forms of behavioural therapy. *Ibid.*, 7.

emotions that was intentionally instinctual and mindless and strove to create change in habits (as emotions were depicted as habits) through automated actions. Under the rubric of behaviourist medicines, treatments that guide the patient/penitent to actions are included. These actions do not materially alter the state or the balance of the bodily humours and qualities, nor do they influence cognitive faculties in a direct way. The focus on actions relates to emotions either as deeds per se, or as a direct outcome of one's actions.

Such treatments are evident in medicine throughout the thirteenth to fifteenth centuries. Taddeo Alderotti instructed Corso Donati to wear beautiful clothes because the heart will rejoice in them and advised him to wake up early in the morning in the spring for the comfort of the mind and body.⁴⁴ Similar advice is ubiquitous. Patients were instructed to listen to happy songs and amusing stories, not to be on their own (especially in situations of melancholic sadness) and to be in the company of loved ones. At times it seems that in these medical texts there is hardly any differentiation made between emotions and the actions that produce them. In the thirteen-century *regimen* attributed to Peter of Spain (*De his que conferunt et nocent*) it is noted, as if the two belong to one category, that moderate joy and delightful songs are beneficial to the heart.⁴⁵ This type of convergence of actions or objects with emotions does not distinguish between what may be considered as cause and effect. Again, this manner of melding emotions with actions is recurrent: faced with a case of asthma that was accompanied by coughing, melancholy and shortness of breath, Gentile da Foligno ordered the patient to refrain from sorrow and from being alone.⁴⁶ Ugo Benzi (1376–1439) advised one Joannis de Mantua, who suffered from a type of melancholy, to be occupied in delightful activity which does not involve thinking.⁴⁷ For a case of a heart tremor agitating the other

44 "faciet corpus tuum vestimentis pulchris adorna ex hoc cor tuum letificabitur... et sic tempestiva surrectione de lecto confortatur melius animus et corpus hominis." Similar counsel may be found in Taddeo's *Consilia* in which, aside from the instruction to avoid or encourage an emotion, he proposed looking at beautiful things, to enjoy lucrative merchandise, to hear pleasing songs and instruments, and to avoid sad or painful news. See Taddeo Alderotti, *I Consilia*, ed. Giuseppe Michele Nardi (Torino: Minerva Medica, 1937), *passim*.

45 "Operationes anime in cerebro incipiunt et suscipiuntur cordis complementum. Hec que conferunt cordi. Cantus delectabilis et gaudium moderatum." Pedro Hispano, *Obras médicas de Pedro Hispano*, ed. M.H. Da Rocha Pereira (Coimbra: Acta Universitatis Conimbrigensis, 1973), 463.

46 "caveat a tristitia et a solitaria statione." Gentile da Foligno, *Consilia*.

47 "Itaque provideatur sibi de occupatione delectabili in qua non multa sit opus cogitatione." Ugo Benzi, *Consilia Ugonis Senensis saluberrima ad omnes egritudines...* (Venice, 1518), fol. 14v.

parts of the body, he proposed refraining from strong emotions and reading only passages of a delightful character.⁴⁸ Ugo had warned another woman that attendance at funerals may have negative influence on her.⁴⁹ In a general chapter in his *Practica*, the Pavian physician Antonio Guainerio (d. c.1440) wrote that illnesses such as vomiting often derive from anger and an overabundance of thoughts which could be easily reduced by jokes and songs.⁵⁰ In other cases as well where he suspected that too much thinking and studying was harming health, Antonio advised listening to songs and music.⁵¹ Music was considered to induce humoural change in general, but it was also thought to have a specific impact on the mind. Yet Antonio's mention of music alongside humour or convivial conversation indicates that his suggestion did not reflect a calculation of the patient's *complexio* but rather was aimed at altering behaviour and mood. This appears to be in line with the neglect of more complex therapy that was tailored to individual temperament. Rather than patient-specific advice, there is here a general instruction to pursue moderate joy, apparently an always healthy state. In Michele Savonarola words, joy is healthy for the soul as well as for the skin and body, and one should invest oneself in whatever makes one happy—songs, women, money or sermons—to each his own.⁵²

In confessional literature, behavioural logic and therapy are rarely found, though general righteous behaviour was seen as the safest prophylactic against sin. Martín Pérez, for example, endorsed dedicated fulfilment of the “good

48 “Caveat ab omni forti passione animi precipue timoris et ire et tristitie et non narrentur sibi nisi delectabilia et stet cum bona spe ...” *Ibid.*, fol. 29r.

49 “De accidentibus anime: vitet sollicitudinem angustiam iram tristitiam timorem anxietatem inducentia sermones tristes et confabulationes mortuorum fugiat funerales ac nefandissimos casus.” *Ibid.*, fol. 43v.

50 “Super omnia infirmum tuum ab ira profundis cogitationibus a quibus cum cantilenis instrumentis musicalibus [...] seu facetiis delectantibus eum facile removebis.” Antonius Guainerius, *Practica Antonii Gvainerii Papiensis doctoris clarissimi et omnia opera* (Venice, 1508), fol. 48r.

51 See, for example, “In audiendo cantilenas instrumenta musicalia delectantia nova et quicquid gaudium inducere potest ut sit eger intentum studium adhibe, occupari in eo quod gaudium.” *Ibid.*, fol. 4r. “et si aliquae melodiose cantantes vel musicalia instrumenta dulciter personantes affuerint valent multum, quia per talia infirmorum imaginatio sepe delectatur per cibos suos.” *Ibid.*, fol. 37v.

52 “Il gaudio temperato molto conforta l'anima, ingrassa el corpo, fallo bello. Impero dicono le done, quando se alamentano di suoi mariti, alegreza de core fa bella pelle de viso. Questo tale gaudio diversamente se ricerca, chi cum canti, chi cum donne, chi cum dinari, chi cum signorie, chi cum oldire le cosse de Dio, e de tutto de essere ben informato il medico et cetera.” Giovanni Michele Savonarola, *Libreto de tutte le cosse che se magnano: un'opera di dietetica del sec. xv*, ed. J. Nystedt (Stockholm: Almqvist & Wiksell International, 1988), 175.

works" to combat *accidia*. The force invested in the good deed will draw a person away from his laziness and despair and desist his prior slothful ways.⁵³

And yet, delineating remedies focusing on behaviour and behaviour alteration through automatic responses, faces a problem that echoes contemporary concerns of behavioural therapy. To what extent can behaviour be detached from cognition, and how automatic are our emotional responses? The degree of involvement of cognitive faculties in the onset of emotions was as continuously debated an issue among medieval scholars as it is for modern thinkers. This is a tough nut to crack, and we can see that as far as therapy goes, behavioural and cognitive therapies in medieval times, as today, are most often intertwined. Thus, while advice such as we have seen stresses action-based therapy, some of these actions may be judged to be more cognitive in nature, or at least originate in cognitive faculties. In several cases Gentile da Foligno instructed his patients to make changes that elude simple categorization. Gentile directed a patient who suffered from an ulcerous bladder to what could be defined as strictly behavioural alterations: to "use" joy and induce delight as much as possible, to engage in conversations with loved ones and wear new clothes, but he further recommended invoking the memory of astonishing things, implying that it too brings joy.⁵⁴ Similarly, in the case of a sickness of the spleen, Gentile ordered the patient to find ways to be delighted, as well as to avoid sorrow, isolation, and sad thoughts.⁵⁵ Similar instructions that encourage directing one's thoughts are repeated throughout the fourteenth and fifteenth centuries.⁵⁶ Faith, hope, and particularly hope in one's recovery, was also prescribed.⁵⁷ While thoughts and memory are cognitive faculties, they are

53 "E si quisiere ome lidiare con el, faziendo por fuerca aquel bien donde le viene la pereza e el afriamiento, avra galardón de Dios." Martín Pérez, *Libro de las confesiones*, 182.

54 "utatur gaudio et rebus inducentibus letitiam quantum potest. Ut est conversatio cum dilectis innovatio vestium et rememoratio rerum mirabilium nominatio novorum operum sine impedimento factibilium." Gentile da Foligno, *Consilia*, np.

55 "intendatur ad delectabilia divertentia a tristitia et caveat a solitaria statione et cogitatione tristi cum recursum ad delectabiles socios et incesu cum dilectis coitu." *Ibid.*

56 Consider the following advice by Ugo Benzi: "Abstineat a coitu et tristitia et a nimia cogitatione et utatur cogitationibus iocundis." fol. 10r; "in accidentibus anime potest libere quinque irasci et cogitare et meditari." *Consilia*, fol. 21r. Similar advice was given by Giovanni Matteo Ferrari da Grado to a patient with melancholic signs: "in passionibus animalibus gaudiendum quantum possibile est et per idem cauendum est a cogitationibus tristibus et humorosis." Giovanni Matteo Ferrari da Grado, *Consummatissimi artium et medicine doctoris domini Ioannes Matthei...* (Lyon, 1535), fol. 7r.

57 See, for example, Baverio Baviera's (d. 1480) advice to his patient Baldassar Beliardus, who suffered from a cold and moist complexion in his brain: "de accidentibus anime: Fugiat

mentioned here in the same vein as other forms of behaviour, and the instruction to avoid them classifies them as mere actions. Thinking, like feeling, is regarded as a form of behaviour. Differentiating between behavioural and cognitive therapies becomes even more difficult when taking into account that all accidents, including emotions, were understood to involve cognitive faculties (such as the estimative power). Thus the advice to think about joyful things in order to become happy subscribes to a predominant view of the nature of emotions.

The belief in the ability of cognitive faculties to alter emotions clearly stems from an understanding of emotions as governed by such powers. Arnau de Vilanova explained in great detail the cognitive nature of emotions and the manner in which cognitive methods may alter emotions. This may occur through “imprinting” the imagination and the estimative faculty mentioning several examples of diseases of distorted imagination (or in layman’s terms—insanity). However, as discussed in the previous chapter, there was an ongoing tension, voiced by Arnau among others, whether influencing emotions through cognition or reason is not within the bounds of the profession of medicine and should be left to those in charge of morals.⁵⁸ Alongside the rather frugal advice to refrain from thoughts that appeared in the works of Taddeo Alderotti and Gentile da Foligno, some physicians offered more detailed instructions. Their Venetian-based contemporary, Barnabas Riatinis da Reggio (c.1300–c.1365), referenced Seneca to convince his readers to avoid anger, and Maino de Maïneri (d. 1368) of Milan noted that a healthy emotional life is one that accords with moral philosophy.⁵⁹ Yet the more elaborate cognitive advice appeared in works written in the fifteenth century.

iram furorem tristitiam sollicitudinem dolorem animi. Convenit gaudere letari bene sperare conversari cum amicis et dilectis.” Baverio Baviera, *Consilia medica* (Bologna, 1489), fol. 36r. Gabrielis de Cesenna was advised to maintain “spes bona et confidentia.” fol. 34r.

58 “Quid autem unumquoque sit ratione diffinitiva non est medici, sed moralis considerare cum formaliter sint quidem motis appetitivi vel passiones sive operationes appetitive potentie.” Arnaldus de Villanova, *Speculum medicine*, in *Hec sunt opera Arnaldi de Villanova que in hoc volumine continentur...* (Lyon, 1504) fol. 28v.

59 This is Barnabas in *Libellus de conservanda sanitate*: “Primo ergo dicendum est de ira de qua completes Seneca dicit quod maximum ire remedium est mora hoc est cessare tunc ab omni motu voluntario.” Edinburgh, University Library, MS 175, fol. 108v. And Maino: “Sicut accidentium anime correctio ad philosophum morale pertinet ut anima bonis habitibus informetur sic ad medicum ut corpus in debita sanitate conservetur, quot enim modis alteratur ex necessitate corpus tot sunt procurationum genera et quia anime accidentia ex necessitate alterant corpus et eorum correctio et moderatio ad medicum pertinet. Nam

Ugo Benzi documented a therapy he offered a noble adolescent boy who was suffering for two years from inexplicable sorrow and fear, which he diagnosed as signs of melancholy. He ordered that all efforts be taken that the patient will not be saddened, angered, or squander himself in thoughts or in fear or hatred. Instead, the patient should change his thoughts daily, each time thinking about another joyful and worthy object. He should also invest himself in joyful habits (in the mode of behaviour therapy discussed above) including looking at beautiful ornaments and clothes and listening to light stories and songs.⁶⁰ Not satisfied with instructing the patient on how to think or what to think about, Ugo also proposed the manner in which such thinking should be carried out.

Giovanni Matteo Ferrari da Grado (d. 1472) was evidently more concerned about offering such advice. This hesitance can be seen in his report of the case of an asthmatic woman, to which he appended a rather long and apologetic statement about the boundaries of medical advice concerning emotions. Nonetheless, he did instruct her to abstain from exerting herself in thoughts of an unpleasant nature.⁶¹ In other cases he was not so reticent. Especially notable was his advice to a German woman who had episodes of madness in which she was possessed with strong sexual urges. She received from her physician an extensive regimen: to avoid many sad thoughts, to refrain especially from imagination and thoughts of sexual attractions, to avoid hearing conversations about sex, to refrain from spending time in the company of young women and men, and, finally, that she should turn her mind to moral concerns.⁶² In this case moral thoughts (and essentially moral behaviour) are

sicut mali homines sunt maliciam complexionis sequentes sic plerum que eos sequitur complexionis malicia." Maino de Maineri, *Regimen sanitatis magnini mediolanesis* (Paris, 1483), fol. 143r.

- 60 "In accidentibus anime est diligentissime providendum ne omnino tristetur, aut irascatur, aut profundet se in cogitatione, aut aliquem habeat timorem aut odium, sed sit diligentissimum studium in dando sibi alacritatem et bonam spem, et permutando cogitationes suas quadam die ad unam rem delectabilem et honestam. Alia die ad aliam, et hoc aut videndo diversa ornamenta pulchra vel ioculatoria, aut audiendo sonos et cantilenas, aut in legendo aliquid non difficile, sed vel hystoriam, vel aliam rem sibi caram, vel odorando vel ordinando sibi vestes vel aptando domos et viridaria et possessiones, et aliis modis similibus." Ugo Benzi, *Consilia*, fol. 13r.
- 61 "Summo ergo studio procuret Illustrissima domina sua ex proposito gaudere et letari, et non nimis intendere cogitationibus et audientiis de rebus non gratis." Giovanni Matteo Ferrari da Grado, *Consummatissimi artium et medicine*, fol. 25v.
- 62 "Et in passionibus animalibus vitet iram et furiam etiam cogitationes tristes multum: precipue vitet imaginationes et cogitationes circa res venereas. Unde coram ea non loquatur

not only acknowledged as healthy but also as a proper method of medical treatment of emotions. Further examples of a similar nature are found in the *Consilia* of Bartolomeo Montagnana, (1380–1452) who told a man named Hieronymus that he should limit considerably his penchant for studying and speculating.⁶³ Bartholomaeus instructed another patient to avoid imagining frightening things;⁶⁴ yet in another case Bartholomaeus advised that a young patient be driven to many strong emotions including meditations on delightful issues as well as meditations and memories of sad occurrences.⁶⁵ Such cases offer a novel vocabulary of accidents to be considered under medical care, the nature of which was hardly found in works prior to the fifteenth century. Examining these cases beyond their lexical ambit, we see a complex mixture of tradition and innovation. On the surface the cases remain within the limits of medical concern, that is, caring for the soul to heal the body. Yet the challenge posed to these boundaries by the additional advice concerning cognitive faculties cannot be ignored. Indeed, several of Bartholomaeus's cases to be explored later edge, if not cross, into the domain of spiritual advice. Similarly Antonio Gazio's general discussion of emotions, in which he offered several methods for handling them, also touches on religious counsel. Discussing anger, he concluded with a quasi-sermonic tone by reminding the reader to avoid

quisque de actu coeundi, neque practicet cum mulieribus iuenculis et luxuriosis, multominus cum viris et iuvenibus elegantis forme, immo convertat mentem suam circa morales considerationes et hoc dico cum est mens sana in ea: et non cum est in paroxismo, et ita universaliter dimittat visum, auditum et tactum omnium eorum que habent ab venerem incitare." *Ibid.*, 62v. See a more detailed discussion of this case in Naama Cohen-Hanegbi, "The Emotional Body of Women: Medical Practice between the 13th and 15th Centuries," in *Le sujet des émotions au Moyen Âge*, ed. Piroška Nagy and Damien Boquet (Paris: Beauchesne, 2009), 465–482.

- 63 "Caveat ab [...] exercitium animale etiam evitare debet, ut studii prolixitatem et profundarum rerum speculationem immo iracundiam et tristitiam." Bartholomaeus de Montagnana, *Consilia cccv. In quibus agitur de universis fere aegritudinibus...* (Venice, 1564), fol. 77r.
- 64 "Similiter et econtra anime passionēs per quas spiritus et humores multum accentrantur, ut sunt tristitia vehemens imaginatio rerum et effectuum terribilium vitari debent." *Ibid.*, fol. 123r.
- 65 "Nisi aliquāliter promoueret me arguū ab etate sumpum pronuntiarem audacter conuenire debere huic iuueni omnes anime passionēs, per quas forti et satis velox fieri in humoribus et spiritibus motusquare aliquando iracundiam incidere bonum esset. Similiter est et fortem et longam meditationem circa delectabilia et tristantia, ut frequenter conuersari in loci ubi hystorie delectabiles proferantur, ad risum notabiliter inclinantes aut rerum tristantium memoriam adducantur." *Ibid.*, fol. 19v.

becoming a servant to anger.⁶⁶ Using religious notions for edification of the readers, Gazio quoted Ecclesiastes 3:12 when explaining the possible harms of joy;⁶⁷ when discussing envy he cited the *sententiae*, noting that envy is a capital sin cured by its obverse—humility.⁶⁸ The line between the cognitive therapy of emotions and religious teachings becomes rather difficult to discern; after all, bringing awareness to one's sin was understood as a major goal of the penitential confession to a priest.

Interrogation- Therapy by Examination

The rise of an elaborate system of interrogation of sin was perhaps the most prominent development in the articulation of the sacrament in the late twelfth century.⁶⁹ Manuals devoted much space to the demeanor the confessor ought to assume in order to extract full confession. The priest should work at lifting the burden of shame from the penitent, as shame may hinder a full confession; fear was thought to be helpful at particular times and the confessor was instructed to invoke, at specific moments and with carefully chosen words, the terrors of hell and the threat of damnation. More positively, manuals instructed the confessor to create an atmosphere that would soften the penitent's heart,

66 "Recordetur quod non semper necesse est ut serviatur illi, immo viceversa est alteri aliquando serviendum, nec oportet ut iugiter obediatur illi, nec necesse est ut semper ab aliis colatur, sed quandoque patiatur et ipse cum hec fecerit et cum hoc eius debilitabitur ira." Antonio Gazio, *Florida corona medicinae de conservatione sanitatis* (Lyon, 1541), fol. 177r–v.

67 "et ob has causas non immerito moderatum gaudium est ad anime et corporis sanitatem commendandum, et propter hoc in c.iii Ecclesiastici scribitur: Cognovi quia non esset melius nisi letari et facere bona in vita sua." *Ibid.*, fol. 174v. "I know that [there is] no good in them, but for a man to rejoice, and to do good in his life." Ecclesiastes 3:12, King James Bible.

68 "Que quoque inter causas animam damnantes potest immo debet a fidelibus collocari cum sit capitale peccatum, ut a canonistis traditur in xxv distinctione c. unum: alias nec hoc vitium curare potest nisi per suum contrarium, videlicet per humilitatis exercitium inferioribus se serviendo, ut ab eisdem accipimus." *Ibid.*, fol. 143v.

69 See Alexander Murray, "Counselling in Medieval Confession," in *Handling Sin: Confession in the Middle Ages*, ed. Peter Biller and A.J. Minnis (Woodbridge: York Medieval Press, 1998), 63–77; Lester K. Little, "Les techniques de la confession et la confession comme technique," in *Faire croire: modalités de la diffusion et de la réception des messages religieux du xii^e au xve siècle* (Rome: École française de Rome, 1981), 87–99.

contributing to the likelihood that he or she would reveal sins.⁷⁰ Such deliberations on the confessional setting followed the desire to acquire complete knowledge of a penitent's sin, something often considered as unknown to the penitents themselves. The interrogation part of confession was thus a process of bringing awareness to sin; a construction of self-knowledge in a very set and socially bound manner.⁷¹ Spiritual healing was only possible if the penitent acknowledged to the confessor every aspect of his or her sinfulness. To this purpose it was urgent that the confessor, the physician of the soul, know the penitent's sickness in its entirety: as the physician of the body cannot provide a remedy unless he knows the extent of the illness, absolution requires that the confessor possess full knowledge of the sin.⁷² For Guido de Monte Rocherii, as for others, examination was not in itself the cure for sin but a necessary step toward imposing penance and granting absolution. Yet confession, and the manner in which the priest engaged with the penitent, were of immense importance for the success of the sacrament. Interrogation was, in this respect, part of the process of treatment. The effort the authors invested in formulating elaborate lists of questions further attests the significance of such interrogation. Thus while the early penitential literature focused the inquiry on the deeds performed by penitents and prescribed the required penance for each sin, confession manuals from the early thirteenth century on viewed the questioning as a didactic tool that taught the confessor how to uncover hidden sins, and how to educate the penitent about sin. The methods of inquiry proposed

70 Raymond de Peñafort's advice on handling a reluctant penitent: "Si vero non vult confiteri, proponat ei terrores iudicii, poenas inferni." Raymond de Peñafort, *Summa Sti. Raymundi de Peniafort Barcionensis ord. Praedicator. de poenitentia et matrimonio cum glossis Ioannis de Friburgo* (Farnborough: Gregg Press, 1967), 465. See also the discussion of this issue in Chapter 5; Bartholomaeus de Chiamis, *Confessionale* (Nuremberg, 1477), fols. 16r–v.; Astesanus de Ast, *Summa Astensis*, 5.17, fols. 17r–v.; Alfonso Madrigal, *Confesional del To-stado* (Burgos, 1500), fols. 3v–5r.

71 Dallas G. Denery II, *Seeing and Being Seen in the Later Medieval World: Optics, Theology and Religious Life* (Cambridge: Cambridge University Press, 2005), 39–46.

72 "Sicut enim medicus corporale non patet dare salubre remedium nisi cognoscat infirmitatem, ita confessor quod est medicus anime nunquam patet imponere penitentiam salubrem nisi cognoscat peccatum. Non patet autem cognoscere peccatum occultum nisi reveletur sibi in confessione." Guido de Monte Rocherii, *Manipulus curatorum*, np. Again this idea is repeated in Girolamo Savonarola's confessors' manual in a passage discussing the hierarchy of hearing confessions: "ut ab eo prius absolvatur, ita tamen quod ipse debet audire omnia peccata. Id est tam ea a quibus potest: quam ea a quibus non pōest [sic] absolvere, ut medicus cognoscat totam infirmitatem egroti." Girolamo Savonarola, *Eruditorium confessorum Fratris Hieronymi Savonarole Ferrariensis ordinis predicatorum* (Paris, 1511), np.

during the thirteenth to fifteenth centuries reveal even further intricacy: for the later period, we note a growing inclination to compose model questions that centre on cognitive processes of sin.

Raymond de Peñafort's manual for confessors from the thirteenth century, as one of the early works in the genre, taught confessors to inquire regarding the seven capital sins or the sins that derive from them (their "daughters"). He did not offer model questions but his treatment of the sin of anger suggests that his interest lay in uncovering deeds rather than thoughts or emotional processes.⁷³ In a similar vein the extensively detailed questions Martín Pérez listed for the sins of anger, envy, and *accidia* include many scenarios in which these sins may be committed, but do not give serious attention to the various emotional experiences or incidents. Under the rubric of *accidia* Martín proposed to ask the penitent whether he forgot to attend mass or pray, whether he made noise or otherwise disturbed others during mass, and whether he refrained from lowering his head when the name of Jesus was used in church.⁷⁴ In the category of anger, Pérez added very pointed questions; for example: Did you wish evil on anyone? Did you bear ill will to anyone? Did you kill or help kill anyone out of ill will?⁷⁵ Such questions zero in on the acts deriving from

73 "Item interroget sacerdos, si aliquando tentetur, et qua tentatione, qualiter resistat, quid tunc cogitet, vel operetur in resistendo, et sic indirecte aperiet forte confitens peccatum, quod celaret. Interroget etiam de sociis, cum quibus conversatur, de terra, unde est oriundus, ubi nutritus, ubi studuit, ubi moram alias fecit, item cuius ordinis, professionis, scientiae, de moribus, vita, statu, consuetudine sua, et regionis. Item si exerceat officium aliquod, et quod, vel si sit homo vagus, et specialiter interroget de circumstantiis pertinentibus ad officium quod dixerit se habere." Raymond de Peñafort, *Summa Sti. Raymundi*, fol. 466, for the discussion of anger see fols. 148–149.

74 "Item, demanda si perdo la misa o las Horas del dia quando las pudo oyr, mayormente el domingo o la fiesta, o si mientra fuegla en la villa. Si estudo en fablas en las Horas, o si fizo roydo a la misa o fablo en guisa que enbargo al clerigo que dezia la misma. Si es fenbra, non se debe llegar al alter, nin el lego al tiempo de las Horas, min debe estar entre los clerigos [...] Si paso las fiestas de los santos sin devocion e non se acordo de las sus santas vidas e de las sus preciosas muertes. Si non abxo la cabeca quando oyo el glorioso nonbre de Jesuchristo en la Iglesia. Si le peso porque alguno le menbrava este glorioso nonbre, ca senal es de falsa christiandat. Si vendio aldunas cosas en las iglesias o si metio en ellas bestias..." Martín Pérez, *Libro de las confesiones*, 183.

75 "De la sana demanda si tomo sana de balde, non gelo meresciendo, asi commo ay algunos que le toman sin razon e algunas vegadas porque los castigan o porque los reprehenden o porque les dizen la verdat o porque les non dan lo que ellos piden [...] demanda si quiso mal a alguno e por que quanto tiempo estudo en malquerencia. Si codbicio mal a alguno o gelo busco, que les faga emienda derecha e honesta ante omes buenos. Si mato a alguno por malquerencia, o dio consejo o ayuda en la muerte [...] Demanda si desacordo de las

the emotion rather than on the emotion-sin itself. Other authors from this early period of the manuals (e.g., Bartolomeo da San Concordio or Astesanus de Ast) did not provide questions, leaving the confessors to their own devices.

From the late fourteenth century and into the fifteenth century, authors proposed a more diverse form of questioning in which emotions took a more central place as triggers of sin and as sin itself. Antonino Pierozzi of Florence (1389–1459), for example, in a chapter on *accidia*, delivered a detailed analysis of the nature of sorrow deriving from grief and thoughts that might arise while in a state of mourning:

Accidia is the fourth mortal sin and it brings heaviness to good behaviour. It should therefore be asked concerning it: if he is so suffering from *accidia* and of heaviness that he regards with disgust all divine goods and in hatred all spiritual things that he considered until now as good works, like the commandments of God and of the church and this with the consent of his reason, it is a mortal sin; if, however, he feels these things but without the consent of reason, it is venial. If he becomes very saddened by the death of a family member or for any other reason for which he accepted penance, [and now] he either suggests not doing good things any more, or that he refrains from doing necessary things for salvation such as hearing mass and similar things, this is a mortal sin. If he is so saddened that he wishes that he was never created or born to the world or that he was a brute animal; or that he wished to die in any possible way be it evil or good as long as he should leave this world, this sorrow is by reason a mortal sin.⁷⁶

Here, rather than honing in on the neglect of prayers and church laws (although these are mentioned) it is clear that the author was interested in discussing the emotion of sorrow. Even when he considered the more practical aspects of religious life, Antonino mentioned the feeling of disgust a person may harbor, and did not limit the discussion to the act of relinquishing one's duties alone. This concern for the state of mind of the penitent appears again in Antonino's passage on the sin of anger. Here he suggested asking whether the penitent

costumbres de los otros o de lo que a los otros semejava que es bien, e el por sana o por porfia non quiso acordar e por ende nascio sana o pelea, o si metio desavecia entre los que bien se querian, ca es muy grand pecado [...] Otrosi, si por sana que avia dio mal consejo contra alguno. Si desprecio alguno en su coracon, o si gelo demonstro de fuera por sana que le avia." *Ibid.*, 192–193.

76 Antoninus Florentinus, *Confessionale* (Strassburg, 1490), fols. 59v–60r.

entertained thoughts about different means of revenge.⁷⁷ More brusquely, Bernardino da Siena (1380–1444) offered several short questions that granted emotions pride of place. Thus for envy: Have you felt sorrow for the good of your neighbour? Have you rejoiced in the misfortune of your neighbour? Have you out of envy damned anyone? Have you harbored ill will or hatred toward anyone, and, if so, for how long and toward how many persons? Have envied your neighbour (listing several possible reasons for envy)?⁷⁸ Similar questions were formulated by the fifteenth-century Franciscan Angelus Carletus in his long chapter devoted to interrogation. They included: Have you wished evil on your neighbour and for how long did you maintain this thought? and whether “You often occupied your mind in these kinds of things, since as much as you deliberate in wishing evil to your neighbor you have sinned mortally that much.”⁷⁹ In his long questionnaire Angelus often referred the readers to specific chapters in the book explaining a particular sin. He thus yoked more explicitly than any other author the understanding of the nature of a sin with the proper manner of inquiry. Since Angelus was also the author who perhaps had the longest list of emotion-sins (he included fear, timidity, joy, worries, and many others) his preoccupation with the mental occurrences as sins or as process of sinning appears throughout this extensive compendium. A further example will suffice, from the pen of a contemporary of Angelus Carletus, namely, Bartolomeo de Caimi. Bartolomeo instructed the confessor to ask the penitent whether he had ever been saddened by something that had happened to him and as a result of such melancholy stopped eating. Other questions related to feelings of hatred, sorrow, fear, and emptiness of mind.⁸⁰

77 “si excogitavit diversas vias et modos ad vindicandum se de iniuria et his implicavit mentem cogitationibus altercatiuis secundum processum potest esse mortale et veniale.” *Ibid.*, fol. 59r. See also fol. 58r for his questions on envy.

78 Bernardino da Siena, “Trattato della confessione,” in *Operette Volgari*, ed. Pacetti, 220.

79 “Si desideravit malum proximi et quanto tempore perseueravit, et si sepe in huiusmodi occupavit mentem, quia quotiens deliberate desideravit malum proximi, totiens mortaliter peccavit.” Another instructive example: “De tristitia in prosperis que est secunda filia. Si tristatus est de bono notabili proximi deliberate propter invidiam, est mortale peccatum ut prelatus de maiori prelatione, doctor de maiori concursu, scholaris de maiori ingenio, civis de maiori honore, mercator vel artifex de maiori creditu, spirituale de maiori fama et huiusmodi.” Angelus Carletus, *Summa de casibus*, fol. 127r.

80 “si ita contristatus est de aliquo casu adverso quod incurrerit propter hoc infirmitatem perdidit somnnum dimiserit cibum vel huiusmodi videtur mortale si in hoc potuit se iuvare et noluit in reliquis vero quae non sunt precepti vel etiam si sint precepti sed absque consensu rationis veniale est huiusmodi tristitia. Si contempsit seu indignanter sustinuit corrigentem eum vel ad bona spiritualia inducere volentem ut propter hoc eum

Training confessors to heal the souls of sinners through naming and exposing sin has been construed as a mechanism of control designed by the church to strengthen its rule. Be that as it may, it should be recognized that in aspiring to uncover sins there was a growing endorsement in the period of cognizing emotional processes as a method of healing. If, for late medieval theologians confession was an act of therapy, then each acknowledged sin, uttered before a priest, was a step in the healing process. While modern psychological approaches of “talking cures” may come to mind here, the difference between these methods, which often endorse free association, and the very rigid and restricted conversation of confession ought to be emphasized. Even the more expansive manuals never suggest that questions ought to be answered in more detail than “yes” (usually) or “no.” More importantly, the therapy is not found in the conversation itself, nor is the aim for the penitent to offload personal burdens.⁸¹ Rather, the treatment lies in identifying the sin and setting straight the moral order—the “rights” and the “wrongs.” As several authors have pointed out, this may be very successful (and uplifting) therapy when one is confounded by bereavement. Thus identifying the gravity of the sins (mortal or venial) as they appear in most of these examples should not deter us from acknowledging the healing value of the process of examination. Nevertheless, interrogation was of significant importance as a judiciary tool as well, and throughout the later Middle Ages we find manuals that prefer short and action-oriented instructive questions.⁸² This aspect of the priest’s role and of the interrogation

odio habeat mortale est. Si subtrahit se ab hys bonis quae de facili poterat operari timore deficiendi ut a ieiuniis et huiusmodi communiter est veniale nisi alias tenetur [...] si ex vagacione mentis fuit sompno lentus distractus et inquietus in oratione predicacione et officiis divinis vel etiam extra divina cogitavit vana et inutilia...” Bartholomaeus de Chaimis, *Confessionale*, (Nuremberg, 1477), np.

81 Denery, *Seeing and Being Seen*, 69–74.

82 Sebastián Ota explicitly argued against long confessions and verbosity which may diminish grace and the pain of contrition: “Aliqui autem prolongant confessionem inquirentes aduc de multis aliis, puta de tribus virtutibus theologicis quae sunt fides, spes, charitas, et de quattuor cardinalibus quae sunt prudentia, iusticia, fortitudo, et temperantia. Et de septem donis spiritus sancti quae sunt sapientia, intellectus, consilium, fortitudo, scientia, pietas, timor domini. Sed melius et magis sufficienter videtur fieri confessio sicut dictum est, quamvis vnusquisque mediocriter doctus sue devotioni possit relinquere, si non nimius excessus, qui verborum multitudine gratiam compunctionis et doloris euacuat.” See for example his questions regarding anger: “si odium habuit contra aliquem et quantum duravit. mortale. Si omnino ei desiderat malum, separans eum ab oratione sua. veniale. Si castigari eum desiderat propter mala sua mediocriter ex vindicta [...] si subita ira percussit graviter vel occidit, mortale.” Concerning envy: “si de bonis temporalibus invidit alicui persone viventi honeste cum illis, desiderans ut perderet ille bona sua mortale contra

was never abandoned, and it highlights that confession promoted consciousness of a very structured kind.

As these manuals circulated among confessors, their content inevitably trickled down to the laity, which, in the fourteenth and fifteenth centuries, was becoming more and more involved in penitential practices. Evidence of this impact can be seen in the treatises that were composed for self-examination. This type of confessional literature could not replace the annual (or tri-annual) obligatory confession to a priest but it served personal spiritual devotion and as preparation for taking the sacrament. As some of these texts were produced in the vernacular we may assume that this form of meditation on sin was incorporated by laity. This less-educated readership was perhaps the reason that some of these texts omitted the open questions in favor of a set formula to be read. A good illustration of this model is the manual of Andreas de Escobar. The Dominican author, active at the turn of the fifteenth century, wrote several Latin confession manuals that came to be highly circulated throughout Europe and particularly popular in the Mediterranean because of his Portuguese origins and his various appointments in Castile, Provence, Corsica, and Italy. The growing interest in individual, personal confession-based meditation is disclosed by the popularity of Andreas's treatises, which instructed penitents to state in the first person: "I sinned in the sin of envy, I sought to destroy and impede the honor and fame and the advancement of my neighbour because of envy, and I was happy in his loss and misfortune and I hurt his prosperity and I disparaged him as much as I could."⁸³ The fifteenth-century anonymous *Libro de confesión* that seems to have been in use in the town of Medina de Pomar near Burgos is another exemplar of the vernacular confessional. The *Libro de confesión* was not entirely written in the first person but its language made it accessible to lay readers, and its didactic aim is apparent in the much more detailed account of the same sin, including an explanation of *murmurare* and evil joy.⁸⁴ While these set formulae do not offer room for what we might call "self-expression," they certainly offer methods of self-contemplation. Priests,

charitatem. Si debet bonis spiritualibus invidit cupiens ut perderet illa, mortale gravius non solum enim contra charitatem proximi est cui invidet, sed etiam contra charitatem dei cui ille servit, et multum quibus ille prodest." Sebastián de Ota, *Tractatus de confessione* (Salamanca, 1497), np. See also Girolamo Savonarola's questions on anger: "Si ex nimia ira quis blasphematur, vel aliquid facit quod ex genere suo est mortale." On *accidia*: "ut puta cum quis tristatur quod deus vel ecclesia dei preceperit ea que precepit, et si in tantum tristatur quod ea odio habet." Girolamo Savonarola, *Eruditorium confessorum*, np.

83 Andreas de Escobar, *Modus confitendi* (Magdeburg, 1490), np.

84 "El Libro de confesión de Medina de Pomar (1)," ed. Hugo Ó. Bizzarri and Carlos N. Sainz de la Maza, *Dicenda: Cuadernos de Filología Hispánica* 11 (1993): 47. Some of the chapters

or confessors, were thus earnestly trying to reveal and examine diverse forms of emotions within the conventions of the sacrament, infusing the act of examination with a new consideration of sin and particularly emotion-sin.

The treatise *Specchio de' peccati* by the Dominican Domenico Cavalca, written as a homily on penance rather than a straightforward manual, sought to prepare penitents for confession without a pre-set text of examination, inviting them to reflect freely on their behaviour and feelings. Domenico invited the reader to perform a cognitive analysis of his emotional state to determine what drove his actions. For this purpose, he divided the chapters of the work into different emotions (i.e., love, hate, pain, anger, sorrow, desperation, joy, fear, and hope) and suggested that upon reflecting on them, the consideration of one's sins will follow. The chapters themselves included both definitions of emotions, descriptions of the way they influence behaviour, and also stories from the Bible and saints' lives to elucidate the proper way of living. Contemplating these emotions, their impact on a certain act of behaviour and advice on how to eradicate un-virtuous emotions by cultivating virtuous ones, is meant to help the penitent reach, on his own, a realization of all his sins, and, ultimately, to maintain a less sinful emotional stance.

Similarly, the fifteenth-century Franciscan friar, Bernardino da Siena, concluded his: "Trattato della Confessione 'Renovamini'" with the following admonition:

Examine his life and think well whether in any of the given things or ways he had offended God. And he should do this with pain and bitterness as much as he can, knowing that he had offended his Creator, from whom there is life and all other good of the soul and the body. And in this way hatred should rise in himself, for his sins, because of which he became an enemy of such a benign and sweet Lord, who has been so generous and gracious with him, in giving him so many benefits and grace, and in bearing so many offences and injuries from him: and he should judge himself to have been worthy of the anger of God and to have been placed in the fire of hell. And that is what provokes God's compassion, if he can cry, cry bitterly; and have the firm intention of wanting to die before he offends God more, since without this resolution, confession is not worth a thing. Since, as the holy Doctors say: true penitence consists of crying and feeling pain for one's sins.⁸⁵

do begin with an admission of sin in the first voice: "Del pecado de la [yra] digo mi culpa" or "Del pecado del accidia digo a Dios mi culpa." p. 48.

85 Bernardino da Siena, "Trattato della confessione," in *Operette Volgari*, ed. Pacetti, 205–206.

Such a text, written in the vernacular, could certainly have been available to both lay believers and confessors and it presumes that the reader may learn not only the goal of confession but also its process. Bernardino da Siena directed the penitent to meditate on his sins and reach through this reflection a profoundly tearful and painful contrition for his sins. Confession is thus described by him as a rigorous emotional process of feeling sorrow, hatred, gratitude, pain, and bitterness; by this emotional intensity of emotions the penitent is directed to a process of purging—a catharsis—of all sins.

Nevertheless, the remedy at hand has a distinctly dualistic quality. Following the initial cognitive act of self-examination and reflection on the part of the penitent, both acts of his own accord, he is dependent on God's grace and power. After all, alongside the responsibility of the penitent to take the medicine of confession, the final utmost remedy—salvation—is given from above. In the words of Andreas de Escobar's post-confession prayer: "Omnipotent and eternal God most compassionate, who came to redeem sinners, I ask you through the sweetest mystery sacrament of your flesh and blood that you shall give me indulgence and remission of all my sins."⁸⁶ And yet God's compassion is to be bestowed upon the penitent, who has previously committed himself to the internal work of the penitent, and moreover, to the intervention and mediation of the priest.

The development of the passion-centred view of sin in the later Middle Ages brought with it a focus on the motivations of triggers to sin; this type of recollection of sin, in turn, was transmitted in the manuals for confession. Though unfortunately we have little indication as to how this concern of the authors was put to practice in actual confessions, their popularity, translations, and imitations in the vernacular demonstrate that such ideas circulated and had cultural resonance. Evidence from medicine may also shed light of the ramifications of this shift as they provide evidence of transmission of such ideas into a secular discipline. Moreover, the survey of the cognitive-based treatment of emotions in both disciplines attests the close affinity between cognitive engagement and morality and even spiritual devotion. In confession it is the cognizing of sin and its motivations that was promoted, a practice that required judiciary knowledge of vice and virtue. In medicine this moral judgment that was at best implicit in behaviourally oriented treatment becomes more evident in late medieval cognitive advice. While even the most basic behavioural

86 "Oratio post confessionem dicenda sequitur: Omnipotens sempiterne deus misericordissime qui venisti peccatores redimere peto te per dulcissimum sacramentum corporis et sanguis tui misterium ut michi dones indulgentiam et remissionem omnium peccatorum meorum." Andreas de Escobar, *Modus confitendi*, np.

instructions betrayed ideas about which emotions are good and which are bad, cognitively directed advice enabled authors to better direct their patients/penitent towards particular values by suggesting that they contemplate on specific issues. Evidently, when the cognitive therapy of emotions was introduced in medieval medicine it mainly instructed patients to consider Christian morals. While in some thirteenth-century treatises Christian ideas and values are fairly implicit, they emerge from the background in the late fourteenth century and throughout the next, at times verging on offering spiritual medicine to treat emotions. Bearing in mind that the pastoral care of passions/sins linked cognitive engagement (which relies on a process of examination ultimately led and sanctioned by a priest) and divine grace, learned medicine of the period seemed to be following a safe and recognized path. One of its major values lies in broadening physicians' authority. Indeed, moving away from a preoccupation of healing the body, physicians to a certain extent joined ranks of priests and other spiritual guides.

Healing by Faith

The emphasis on acknowledging sin in lay confession transformed the way the sacrament was celebrated, but it also had ramifications for the discourse of emotions in the penitential rite. Supported by sermons and confraternities' activity, the late medieval period saw a sharp increase in the currency of methods of remitting vice, and the detailed analysis of the manuals popularized, and, to a degree, invented the engagement with the passions as "first movements" to sin as well as virtue. Learned medicine provides a litmus test to the efficacy of this new language, for from the late fourteenth century on there is a marked infiltration of the religious framework of emotions that points to the popularity of the discourse in the period. This influence is apparent in two main areas: the first of these is advice appearing mainly in *consilia* cases, which suggests turning to faith for help and cure; and the second, found in *regimina* treatises, are instructions or catechisms on how to live a healthy Christian, emotional life. In the former category we see how the physician directed the patient to Christ, the church and their salvation, but in the latter trend the physician himself becomes a delegate of the church by employing the method of preaching about correct Christian emotional behaviour.

Ugo Benzi, Bartolomeo Montagnana, and Giovanni Matteo Ferrari da Grado all suggested the adoption of religious faith. That these fifteenth-century university teachers, authors of medical commentaries, and the face of the period's Italian medicine provided their patients with such non-medical

instruction is no small matter. Here are but a few examples: Leonardi de Trudento suffered from a disease that impaired his movement, which was determined to stem from a cold and humid heart complexion but with a kidneys' complexion that was hot and dry. Ugo Benzi, his physician, advised Leonardi to refrain from despairing of a cure, but rather have confidence in Jesus Christ, whose medicine will strengthen him.⁸⁷ Bartolomeo Montagnana instructed Carlinus from Nuremberg, who suffered from a cold complexion, to pray or to sing the psalms in a high voice.⁸⁸ In discussing the remedies for leprosy, Bartholomaeus remarked that certain emotions could arise as a symptom of the illness and that a good remedy for calming the melancholic humour would be to study theology and *moralia*.⁸⁹ Leprosy, however, is a special case as it was strongly associated with sin and often defined as the ultimate punishment given in this world for sin. Thus, in discussing a case of leprosy Giovanni Matteo Ferrari da Grado rejected the involvement of medicine with emotions and directed his patient to turn to moral philosophy.⁹⁰ However, as noted, this

87 "non stet angustiosus et desperatus de impossibilitate curationis eius, neque in aliis accidentibus animam multis tristantibus involutus permaneat sed bene et audacter in potentiam salvatoris Jesu Christi confidat et speret qui sua remedia vigorabit in posterum ut vidit se quasi in desperationem positum et nunc bone convalescentie resitutum." Ugo Benzi, *Consilia*, fol. 28v.

88 "Dicendum est quod omnia animi accidentia quam in spiritibus et humoribus notabilem efficient motum convenientia sunt ei, velut cantandi modus mediocri vociferatione tamen et orandi vel psalmisandi cum vocis elevatione notabili et passiones anime vehementi imaginatione cogitione et contemplatione moventes spiritum et innatum calorem." Bartholomaeus de Montagnana, *Consilia cccv*, fol. 74r. Similar advice to read hymns and sing psalms in a high voice was offered to a certain priest by the name of Danielis de Craffoldo, but here also with an explanation of the physical benefits of singing: "Letari igitur bene et confortari mente est ei conueniens et voce alta lectiones legere hymnos et psalmos cantare erit ei utilissimum valde. Talium enim vocalium membrorum exercitium calefaciendo pectus et caput superfluitates consumi facit, cor pulmonem cerebrum et ala membra vocalia a superfluitatibus expurgata reddit convenienter." fol. 375v.

89 "De sexta vero re non naturali attendatque nihil ei de tertius esse potest quaque passionibus animalibus affligi ut ira vel furore magnis et frequentibus. Hec enim talia cum hoc quod augmentant ebullitionem praeternaturalem in materiis disponunt materias ad adustionem ad conversionem melancolicam. Propterea quia exterminant et mutant corpus ab ea que est secundum naturam consistentia tertio *Tegni*. Iocunde igitur agat et exultet in domino qua que melius potest divertendo passiones melancolicas ad studia theologica et moralia quae animam pascunt et sapere et intelligere faciunt corpus temperando convenienter." *Ibid.*, fol. 420v.

90 "Et quam has quietant passiones animales non est medici ut medicus est, sed magis moralis philosophi." Giovanni Matteo Ferrari da Grado, *Consilia* (Venice, 1521), fol. 93v.

was not always his opinion; when treating Jacobo Borromeo, the bishop of Pavia, for example, he proposed expressing anger and sorrow but not excessively, as they could lead to sin.⁹¹ In another more ambiguous case of a female patient suffering from fever and “hidden pains,” Giovanni noted that the patient has fulfilled her *oblaciones* after her recent childbirth. Though this can be seen as a method of indicating the time that has passed or cessation of the postpartum lochial flow, his reference to the rite of churching suggests that he considered performing the devotional ritual necessary for securing health.⁹² Not all the above references to the church and its laws are meant as cures, though presumably devotion would offer one. Yet, in view of the constant tension with regard to the role of physicians to treat the moral and spiritual aspects of the soul, these are transgressive comments that indicate a shift in the physician’s role.

Another manner of encroachment on the traditional boundaries of medicine is revealed when authors of medical treatises refer to specific emotions as capital sins. Giovanni Matteo Ferrari da Grado, Antonio Gazio, Juan de Aviñón (fl. 1320–1381), and Estéfano de Sevilla (fl. 1380) all issued warnings about the spiritual harm some emotions present. These references to sin, even if made in passing, exhibit a strong influence of the discourse of penance on these physicians’ view of the accidents of the soul. It is, moreover, an implicit statement that the cure of emotions should be (either for ethical or therapeutic reasons) spiritual and at one with the Christian faith. We find this notion more explicit in those cases where physicians allowed themselves to offer their patients edifying words in the fashion of preaching themselves.

Among Italian physicians, the most notable example of such a “physician turned preacher” appears in the *De conservatione sanitatis*, the work of Benedetto Reguardati da Norcia (1398–1469). Benedetto qualified his advice to refrain from certain emotions with passages reflecting on the role and effect of

91 “de passionibus etiam animalibus *supra* satis intellectum est, quia aliquando tristari vel irasci convenit, non sic tamen sic excellens ut peccare contingat.” *Ibid.*, fol. 88v.

92 This is noted first in the enumeration of symptoms: “Urine fuerunt citrine; postea rubee grosse, et aliquibus digestivis transiverunt ad grossas subalbidas cum hypostati, et ad *oblaciones* satis bene se habet licet tristetur mente.” And later in his analysis of the case: “Accidentia tamen hoc non evidenter concludunt, cum ponatur in ea pulsum esse velocem cum virtutis debita Constantia, et in flegmatica ut sepe coniungatur pulsus debilis. In flegmatica quoque coniungitur nauseativa facietas cum casu appetitus et debilitate oris stomaci, it prima quarti de signis flegmatice in fine capituli. *Et tamen ut scribitur ad oblaciones* satis bene se habet. Neque fuit argumentum concludens super hanc febrem propter non coniungi cum ea sitim, neque dolorem capitis vel lingue ariditatem, quam ista omnia etiam possent a fere colerica stante cerebro humido deorsum catarricante in casu nostro.” *Ibid.*, fol. 34v.

such emotions on one's life. Encouraging patients to curb excessive joy, Benedetto wrote that a prudent man knows that this life is temporary and this world is like a turbid and dark labyrinth full of poisoned waters in which he must harness his emotions.⁹³ Against sorrow he reminded readers that only God knows how one's fortune is determined and by recalling this they will be able to overcome sadness;⁹⁴ finally, he referred to hatred as a sin that could be cured by its opposite, love.⁹⁵ Benedetto's writings assume the tone and offer the content of a sermon that edifies but also cures, as by hearing/reading it the patient should choose a more healthy (physically and spiritually) way of life.

While Benedetto is rather explicit in expressing his moral standing and his belief that the proper treatment of emotions entails adherence to Christian morality, his sermon-like voice is subdued in comparison with that of Alfonso Chirino, or of Juan de Aviñón and Estéfano, Castilian physicians active at the end of the fourteenth and the beginning of the fifteenth centuries. The three, as told, composed regimens of health in the vernacular and with a local patron in mind. Juan directed his readers to perform the "good works" in order to follow the right path to health of the soul, Estéfano's advice draws a relation between emotional health and spiritual health, and Alfonso Chirino shifts to a sermon-like tone with subchapters such as this:

About those who receive insults and have no patience:

I see you cry with anger and lose your bearings wondering, hurting how can it be that such a great unjust offence has happened to your affairs. And I am even more amazed when justice is done to you. In this case, forgetfulness makes you think that someone did this to you and not, that the mishap that was your doing. It would have been wondrous if it happened to a saint, a true prophet or another virtuous man. And because injustice comes to whom it should come to, you should not be so angry, because things cannot be undone so that the crooked shall be made straight, the

93 "nam cum prudens noverit hanc nostram quam vitam dicimus interire et mortem esse. Et mundum hunc turbidum et tenebrosus labyrinthum caribdnosis aquis plenum esse uenenosisque blandicus intellectiuo imperio passionus et spiritibus frenum ponet." Wrocław, Biblioteka Uniwersytecka we Wrocławiu, MS III Q 19, fol. 107r.

94 "Et fortunam nulli dignitati parcere. Sequitur ipsum inferioribus comparando. Et quas-cunque uirtutes aut dignitates, aut cetera bona que ex deo sibi absque quod per se meriatur, concessa sunt continuo premedirari et altissimo grates referre. Sed ex melioribus remediis ad tristitiam est quod ratio sensum vincat." *Ibid.*, 131r.

95 *Ibid.*, fol. 134v.

bitter sweet or the mad sane, because this will be the greatest wonder and the largest injustice.⁹⁶

We are a long way from a medical view of emotions as changes in matter and complexional alterations. Undoubtedly, as we learn from the first chapter in the section on the *passiones del anima*, Alfonso never argued that the material position was wrong or even irrelevant. Yet, by way of offering good counsel, Christian morality was favored, for true care of emotions was to be gained from virtuous behaviour.

In the last decades of the fourteenth century the treatment of emotions began to be expressed in a decidedly different register. These appear in tandem with material and behavioural methods that existed before, but in and of themselves they are unprecedented. Their innovation is obvious in light of a tradition that developed over at least two centuries. Such cases, where physicians explicitly express spiritual or religious attitudes when dealing with the accidents of the soul, demand further scrutiny.

Consilium and Absolution: Models for Healing the Passions

In mapping the techniques of treating emotions developed in the two disciplines, medicine and religion, we see both affinities and differences among the techniques. The medical treatment of emotions was material, and altering the imbalance in the humours of the body was of paramount concern. Yet physicians from the thirteenth century on did not shy away from advice directed at patients' behaviour and cognitive engagement. Such advice, at times hesitant and at other times more elaborate (a development that can be seen to occur over time) indicates that physicians considered the material realm insufficient in regard to emotional change. This interest in the cognitive aspects of emotions is in line with findings in the use of language. As more interest is expressed in the mental activity, there is an expansion of vocabulary to include advice concerning such phenomena as thinking, meditating, imagination, and hope, phenomena that are not easily identified by a movement of the humours or spirits. This shift further parallels the eagerness of physicians to engage not only with the body, but also with mores and habits. The turn to spiritual teachings and advice that recalls devotional language around the turn of the fifteenth century is again mirrored in vocabulary, with the incorporation

96 Alfonso Chirino, *Menor Daño de la medicina de Alonso Chirino: Edición crítica y glosario*, ed. María Teresa Herrera (Salamanca: Universidad de Salamanca, 1973), 53.

of *misericordia*, *accidia*, *compassio*, cruelty, and other terms that seem to derive from the semantic field of devotion and Christian spiritual life rather than medicine.

The history of the passions in pastoral literature has been more stable. Centred on the scheme of the seven sins, it was always inclusive, or at least potentially so. The elaborate expansion of words of emotions is thus more organic. Yet the expansion of language was indebted to the growing interest in the nature of the human mind as studied by philosophers as well as physicians. This interest further led to theoretical musings on the nature of sin, first movements, and will, discussions in which the conceptualization of emotions developed with particular emphasis on their non-physical attributes and manifestations. These tendencies reappear in the context of treatment. Here, despite copious examples of metaphorical language invoking medicine, the methods are resolutely cognitive in that they treat sin through awareness and with moral judgment while cure is conclusively divine.

Passiones del Alma—Castile, c. 1380

The fourth sin is anger or wrath: which according to Hugo is a perturbation of the mind without reason. And Damascenes said that anger is burning of blood that remains in the heart. This fervor derives from the vaporizing of the yellow bile or of choler along with the agitation that a man has. It is said also that wrath is a desire to take vengeance at a person [...] Anger is crop, it is straw, hatred is a beam. Men are angered every day with their sons but they do not sinfully harm them. But he that becomes angry and has hatred and ill-will, sins. And because of this I tell you that you may become angry but not in such a way that the anger becomes a mortal sin, namely, that you moderate your anger so that you do not nurture vengeance. And St. Augustine said in one sermon—out of anger rancor of the heart is born. Hatred, which is vengeful anger in the soul, pains because it breeds homicide, and if not in deed than at least in desire, from which [injury and bitterness] are born which are works of the flesh and of the devil and because of this, friend, abandon and relinquish anger, destroy rancor and diminish fervour.

MADRID, *Biblioteca Nacional*, MS 9299, fols. 71r–v.¹



1 “El quarto pecado es yra o saña: La qual segund dise hugo es conturbacio dela mente syn rrazon. Et dise damascene que yra es fervor dela sangre que esta resta del corazon. El qual fervor se faze por la vaporacion dela fiel o dela colera con la torbacion que ome ha. dize otrosy que saña es deseo de vengar se el omme. [...] yra es una festuga una paja. El odio es una viga. Los omes se ensannan cada dia con sus fijos pero non los genere mal in peca por ello; mas el que se ensanna et ha odio et malquerencia esta peca. Et por ende te digo aun que te ensannes pero non en tal manera que la sanna sea pecado mortal genero desir que reprimas la sanna assy que non envegestra in venga a malquerencia. Et dise sant agostin en un sermo dela yra nasce rencor del coraçon. el odio que es sanna envegeçida en el anima dola quel nasçen omeçidios et sy non por obra al menos por voluntad dende nasce [injuria et murmuratio] que son obras dela carne et de diablo et por esto amigo depon et dexa la sanna destruye el rencor et amansa el fervor.”

These lines, which appear in the *confesionario* attributed to Don Pedro Barroso, archbishop of Seville from 1378 to 1390, present an integrative understanding of the nature of anger.² With two main aims—to define anger and to protect the reader from its malaise—the author makes use of multiple explanatory devices. Beginning with common notions of the emotion, he proceeds to situate anger among other emotions (e.g., hatred, ill-will, and vengeance) distinguishing between sinful and non-sinful anger. Next Barroso turns to describe its influence on the soul as a generator of other sins. In a brief comment, we also learn that the consequence of anger is that the soul succumbs to the flesh and to the devil. As each explanation captures a distinct aspect of the operation of anger, Don Pedro seems to be trying to transmit a full account of this emotional and moral state. While doing so, the treatise offers an intriguing investigation of penitential theology. Generic *Summa confessorum* discuss emotion-sins with respect to a “tree of sins”; that is, that each capital sin may be the “parent” of further sins and sinful actions, or through the scheme of the sensitive appetites gleaned from the natural philosophy of the soul. Don Pedro flavors the rather canonic and dry language by adding to the mix yellow bile and choler, and more importantly, the devil.

The devil’s passing appearance in this section of Don Pedro’s treatise is exemplary of the many mentions of the devil throughout the text, conveying its permanent presence. The reader is urged, for example, to avoid anger because it gratifies the devil instead of the Lord. In a further instance, the devil is cited as the instigator of envy between Cain and Abel, which led to the first fratricide.³ This, then, is a *confesionario* of a particular kind. The devil was often charged with responsibility for sin in such works, but not always. Devotional

2 The identification of the author as Don Pedro Barroso was made by Fernando Rubio Álvarez, who argued against the previous assumption that the author was the earlier archbishop Don Pedro Barroso Alborno. José Sánchez Herrero argued that from 1379 to 1390 the archbishop was Don Pedro of Toledo (or Don Pedro Alonso of Toledo) but that the author of the *confesionario* is perhaps Pedro Gómez Barroso; still, scholars such as Antonio García y García identify the author of the work and the archbishop of Seville as Pedro Barroso. Fernando Rubio Álvarez, “Don Pedro Gómez Barroso, arzobispo de Sevilla, y su ‘Catecismo’ en romance castellano,” *Archivo Hispalense* 86/27 (1957): 129–146; José Sánchez Herrero, “En Torno al arzobispo de Sevilla Don Pedro (1378–1390),” in *La diócesis de Sevilla en la baja edad media* (Universidad de Sevilla, 2010), 20–42; José Sánchez Herrero, “La literatura catequética en la Península Ibérica. 1236–1553,” in *En la España Medieval*, vol. v (Madrid: Universidad Complutense, 1986), 1051–1117, esp. 1096–1097. Antonio García y García, “Obras de derecho común medieval en castellano,” *Anuario de Historia del Derecho Español* 41 (1971): 671–686, esp. 677–678.

3 “que do la saña rregnare el diablo syn dubda...”; “ofende a dios e plaze al diablo...” Madrid, Biblioteca Nacional, MS 9299, fol. 77r.

and literary accounts of the vices would indeed grant the devil a leading role, particularly in implanting in peoples' hearts emotional sins.⁴ However, confession manuals, with their professional and legalistic bent, tended to favor a more "rational" or psychological explanation of the development of sin through the concupiscible and irascible appetites.⁵ While these types of discourse were not mutually exclusive, each carried a distinct agenda: the former strove to instill fear of sin toward the goal of devotion, while the latter charted a theory of the inner working of sin in order to determine fault. Don Pedro's treatise thus synthesizes schemes about sin, targeting a complex aim: teaching the priest the foundation of the sacraments of penance, but also offering spiritual guidance and fostering devotion among his flock. This double function may suggest that Barroso hoped for his treatise to provide religious and cultural inspiration that would go beyond instructing the sacraments. Writing to a circle of local priests, probably not sufficiently educated to read Latin treatises (or to read them with fluency), Don Pedro seems to have had in mind a particularly local religious mission of instilling a devotional frame of mind among his parish leaders. Hence the *confesionario* was written to fulfill a need the author perceived within his flock, impelling him to set aside more technical considerations concerning genres and precedents.

Our example from the *confesionario* is perhaps subtle, emerging from a careful analysis of genres which after all could fairly smoothly be joined together. Yet, this analysis sheds light on a phenomenon that is central to the Castilian discourse of emotions in the period. The discourse on emotions—their nature and the manner in which they are addressed—took on particular Castilian textual characteristics, and were marked by a tendency to integrate distinct ideas and styles of intellectual pursuit. The discourse was shaped by the cultural and religious circumstances peculiar to Castile in the later Middle Ages. Our case-study

4 Guillaume Perault's influential *Summa de vitiis* regards the devil as a central instigator of mental states leading to sin. See, for example, Spencer E. Young, "Avarice, Emotions, and the Family in Thirteenth-Century Moral Discourse," in *Ordering Emotions in Europe, 1100–1800*, ed. Susan Broomhall (Leiden: Brill, 2015), 69–84. For a pictorial representation of this idea, see the seven sins appearing in an extract of *Summa de vitiis* in which the sins themselves were represented as devils, British Library, Harley MS 3244, fol. 27v–28r.

5 As been noted by Eileen C. Sweeney, the devil is also almost absent in the scientific, or scholastic, discussions of sin in Thomas Aquinas's works *De malo* and *Summa theologiae*. His only appearance in the section on sins in the *summa* regards nocturnal pollution, rather than triggering emotional states. Eileen C. Sweeney, "Aquinas on the Seven Deadly Sins: Tradition and Innovation," in *Sin in Medieval and Early Modern Culture: The Tradition of the Seven Deadly Sins*, ed. Richard G. Newhauser and Susan J. Ridyard (Woodbridge: York Medieval Press, 2012), 85–106. See esp. 96.

of late fourteenth- and early fifteenth-century Castile, then, will allow us to consider in more depth the interplay between notions and representations of emotions on the one hand, and the social settings in which these are formed, on the other.

The formulation of a medical curriculum in the late twelfth century in Salerno, and its more elaborate establishment in the thirteenth-century departments of medicine in Montpellier, Bologna, and Padua, defined the required knowledge of the physician of late medieval western Mediterranean, and if we include Paris, then for Western Europe more generally.⁶ This curriculum sketched the structure and boundaries of the medical conceptualization and treatment of emotions. Medical discourse of emotions was thus developed by and for a specific professional community which, at least theoretically, crossed geographical boundaries. But while physicians were part of this trans-geographical community, they acted within local settings distinguished by language and culture. Within works of pastoral care, a similar tension between the lore of the church and its application within specific communities is no less apparent. Though sparse evidence may have survived to indicate how medical and spiritual care-givers actually conversed with the public “on the ground,” an indication of particular interpretations may be gleaned from a comparison of surviving sources.

Written in Castilian and Catalan, the sources discussed are composed within the framework of Latin knowledge, but instead of addressing (primarily) a professional community they are intended for less-educated or lay readers.⁷ A deliberate undertaking led by a local political agenda to further learning among Castilian society (whether noble, religious, or lay) developed the region’s educated culture and ensured that it was active specifically in the Romance languages.⁸ Don Pedro exemplifies this endeavor in his acquisition of

6 See for example, Vern L. Bullough, *The Development of Medicine as a Profession* (Basel: S. Karger, 1966); idem, *Universities, Medicine and Science in the Medieval West* (Burlington: Ashgate, 2004).

7 William Crossgrove, “The Vernacularization of Science, Medicine, and Technology in Late Medieval Europe: Broadening our Perspectives,” *Early Science and Medicine* 51 (2000): 47–63; Lluís Cifuentes, “Translatar Sciència en romans catalanesch: la difusió de la medicina en català a la baixa edat mitjana i el renaixement,” *Llengua & Literatura* 8 (1997): 7–42.

8 Anthony Pym, “The Price of Alfonso’s Wisdom. Nationalist Translation Policy in Thirteenth-Century Castile,” in *The Medieval Translator/Traduire au Moyen Âge*, ed. Roger Ellis and René Rixier (Turnhout: Brepols, 1996): 448–467.

a large number of books and their donation in 1387 to the “Santa Iglesia de Sevilla,” later the core of the Biblioteca Capitular de Sevilla.⁹ Though he collected Latin works, he encouraged the production of texts in Castilian, which he himself also composed. Writing for local audiences entailed making adjustments in language as well as in rhetorical style and content. As Michael Solomon suggested, the turn to the vernacular in medicine (and arguably this could be extended to penitential literature as well) implied a relationship with the lay reader whom the text should serve.¹⁰ One characteristic of Iberian learned culture—the weakness of local universities—seems particularly relevant in this respect.

The university stood at the core of the development of the professions. In addition to providing an actual institution for learning, the university determined knowledge boundaries, producing disciplinary norms both for its students and for the societies they served. The institutionalization of learning defined the contours of medical practice and established its legitimacy as a *scientia* rather than an *ars*. However, Iberian medicine was different. As Guy Beaujouan noted several decades ago, universities were not a real force in the region; it was their marginality rather than their dominance that shaped the Iberian medical profession. Beaujouan, whose area of inquiry was Iberian scientific knowledge in the Middle Ages, further discussed the contribution of the multi-confessional environment and the strength of the vernacular languages.¹¹ This point was later developed by Luís García-Ballester, who applied this line of thought especially to pre-modern Iberian medicine.¹² That there were a relative large number of medical works written in Castilian on top of the translations from Latin may be comprehended in light of the lack of universities. For, again recalling Solomon, text could serve as a substitute for the professional, but it could also endorse the profession as a whole.¹³

A comparable predicament appears to pertain to pastoral care in contemporary Castile. The long process of the Reconquista did not end with the conquest of Castilian lands by Christian kings. In this frontier society the formation of

9 José Sánchez Herrero, “En Torno al arzobispo,” 36.

10 Michael Solomon, *Fictions of Well-Being: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain* (Philadelphia: University of Pennsylvania Press, 2010), 3.

11 Guy Beaujouan, *Science médiévale d’Espagne et d’alentour* (Aldershot: Ashgate, 1992), 1, 7–8.

12 Luís García-Ballester discussed Beaujouan’s argument in his “Changes in the *Regimina Sanitatis*: The Role of the Jewish Physicians,” in *Health, Disease and Healing in Medieval Culture*, ed. Sheila Campbell (Toronto: St. Martin’s Press, 1990), 119–131.

13 Solomon, *Fictions of Well-Being*, 3.

religious identity was a more fragile matter, requiring various methods of enlisting the hearts of the public and instilling practices.¹⁴ Vincent Ferrer, who traversed Castile from 1411 to 1412 in an effort to evoke devout sensibilities in the public, is a prime example of this attempt to reform Christian society.¹⁵ Secular clergy, and, as we shall see, other learned men, were also laboring at this goal.

We find, for example, that Castilian synods were strongly engaged in educating the public in the articles of faith and in encouraging them to partake in the sacrament of penance. José Sánchez Herrero's work on the literature of catechism has demonstrated a sharp rise in texts produced in Castile during the fourteenth century. The repetition of the basic lore shows that Lateran IV was slow to show its influence in these geographical areas. Almost a century more was needed for a local expression of a similar pastoral agenda. In Herrero's view, this surge can be read as an increase of religiosity in the period.¹⁶ However, as these texts are of a prescriptive nature it might be more accurate to argue that there was a growing interest on the part of the Church to promote Christian adherence. The success of this endeavor might be gauged from the repeated return to rudimentary instruction and the fretting over leniencies and the neglect of the clergy to carry out basic duties.¹⁷ Even more arresting is that sometimes the right to hear confession was given to clerics who did not have the license of *cura animarum*.¹⁸ The Synods also attempted to disseminate knowledge by distributing manuals for priests on confession and the other sacraments.¹⁹ These texts introduce no innovation, but affirmed afresh that the Church must provide Christian education to the lay population and

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- 14 I rely here on Angus Mackay's analysis of religious life on the Castilian-Granada frontier. Though his study treats this frontier in a narrow sense, relating mostly to life on the border between the two kingdoms and their interaction, it seems to me relevant to expand this notion of religious tension to Castilian society more broadly. Angus MacKay, "Religion, Culture, and Ideology on the Late Medieval Castilian-Granadan Frontier," in *Medieval Frontier Societies*, ed. Robert Bartlett and Angus Mackay (Oxford: Oxford University Press, 1989), 217–243.
 - 15 Pedro M. Cátedra, *Sermon, sociedad y literatura (San Vicente Ferrer en Castilla [1411–1412]): Estudio bibliográfico, literario y edición de los textos inéditos* (Valladolid: Junta de Castilla y León, 1994), see, for example, the mention of deadly sins in sermon 18, pp. 465–473.
 - 16 Sánchez Herrero, "La literatura catequética en la Península Ibérica," 1053–1054.
 - 17 José Sánchez Herrero, "Concilios Provinciales y Sínodos Toledanos de los siglos XIV y XV: La religiosidad Cristiana del clero y pueblo," *Estudios de Historia* 2 (1976): 239.
 - 18 See the decree of Cuenca in 1399 in *Synodicon Hispanum*, vol. 10, ed. Antonio García y García (Madrid: Biblioteca de Autores Cristianos, 1981–2007), 86.
 - 19 See below, note 90.

endorse its devotional participation. Further support for the notion of lagging religious activity in Castile (but also in Catalonia) is the limited contribution of original devotional treatises such as those belonging to the “vice and virtue” genre. Relying largely on translations, limited independent vernacular works were written on the topic, and they too closely followed Latin works.²⁰

Returning to the discourse of emotions, the specific geographical circumstances in Iberia affected the manner in which emotions were addressed in the professional literature. Despite the prevalent use of mixed Latin and vernacular texts, particularly in religious literature, it seems that works written only in the local language opened spaces for innovation.²¹ As Don Pedro's *confesionario* shows, it can be fruitful to consider how the detailed theoretical analysis of emotions was transferred to the more popular texts written in the vernacular. Adjustments to generic and traditional notions sometimes spell cultural influence. Scrutinizing transmission, running the gamut from repetition and omission to the addition of material and the manner of appropriation of knowledge within vernacular texts, may afford a glimpse into how emotions were conceptualized in Castilian or Catalan texts. No less important, these passages may themselves serve as windows to the culture of learned knowledge in medieval Spain, allowing us to further theorize the function of medicine in this society and the caregiving professions more generally.

To better situate the treatment of emotions in the Castilian texts, the ways in which medical treatises approach and incorporate religious notions in general are investigated, followed by a consideration of the treatment of emotions and the influence of Christian doctrine of sin on these passages. This contextualization permits to consider the sections on emotions in the medical texts as part of a broad project to Christianize the medical profession in Castile.

Religion and Medicine in Spanish Texts

Boundaries between medicine and religion were never clear-cut in scholastic medical output. The use of charms and healing prayers and the possibility of demonic influence echoed in the writings of physicians despite the naturalist approach endorsed by university education. Some authors, such as the

20 Richard Newhauser, *The Treatise on Vices and Virtues in Latin and the Vernacular*, Typologie des sources du Moyen Âge Occidental 68 (Turnhout: Brepols, 1993), 137.

21 On macronic sermons in Iberia, see Manuel Ambrosio Sánchez Sánchez, *La primitiva predicación hispánica medieval* (Salamanca: Seminario de Estudios Medievales y Renacentistas, 2000), 9–10.

Salernitan master Urso (d. 1225) or later Pietro d'Abano (1257–1316), the Paduan master and author of the *Conciliator*, who tried to reconcile medicine and Aristotelian philosophy, sought to explain the efficacy of incantations and prayer through philosophical methodology.²² Others, among them Bernard de Gordon and Gilbertus Anglicus, included charms on their lists of cures, though they acknowledged an inability to explain their efficacy through recourse to the rational.²³ These interpolations of faith practices in healing may be taken as a sign of their prevalence in medieval society. Such cases of purported cures obliged physicians to stretch beyond “rational” medicine. Nonetheless, while charms and prayers were listed in the medical texts, it appears that some degree of apology was expected for their inclusion.

Spanish—Castilian and Catalan—medical texts written in the fourteenth and fifteenth centuries show no such unease in introducing religious content, and some did so in a far more elaborate manner. In a treatise ascribed to a certain Gilberto containing a collection of medical recipes gleaned from various learned works, the recitation of *pater noster* and *Ave maria*, three times each, is suggested to cure angina.²⁴ Later on the reader is advised to take a remedy “in the name of God almighty” while another remedy is described as a gift of God.²⁵ The *pater noster* is offered as a cure for aching eyes and teeth also in a short compendium of medicine attributed to Juan Enriquez (b. c. 1445).²⁶ Despite the brief and practical nature of the recipes, this treatise too is of learned origin; it includes the fundamentals of medical knowledge and its author is said to have had both a degree in the arts and a license in medicine. Moreover,

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- 22 On Urso, see Maaiké van der Lugt, “The Learned Physician as a Charismatic Healer: Urso of Salerno (Flourished End of Twelfth Century) on Incantations in Medicine, Magic, and Religion,” *Bulletin of the History of Medicine* 87:3 (2013): 307–346; Per-Gunnar Ottosson, *Scholastic Medicine and Philosophy: A Study of Commentaries on Galen's Tegni, ca. 1300–1450* (Naples: Bibliopolis, 1984), 264–265.
 - 23 Lea Olsan “Charms and Prayers in Medieval Medical Theory and Practice,” *Social History of Medicine*, 16 (2003): 343–366.
 - 24 Gilberto, *El libro de recetas* Madrid, MS Palacio 11/3063, ed. Isabel Zurrón, in *Textos y concordancias electrónicos del Corpus Médico Español*, ed. Teresa Herrera and Estela Gonzáles de Fauve (Madison: Hispanic Seminary of Medieval Studies, 1997), fol. 16v.
 - 25 “Iten dize mas abiçena que siel paçiente mismo tomara una aranna blanca con su teca et la enboluiere et la tomare en el nonbre de dios todo-poderoso”; “et pon este enplastro que es espiçal don de dios para todos a aquellos que son ydropicos...” *Ibid.*, fol. 28v; fol. 49v.
 - 26 *Secretos de la medicina*, Madrid, MS Palacio 3063, ed. Enrique Jiménez Ríos, in *Textos y concordancias electrónicos del Corpus Médico Español*, ed. Teresa Herrera and Estela Gonzáles de Fauve (Madison: Hispanic Seminary of Medieval Studies, 1997), fols. 6r, 8r.

he was reputed to be of noble birth.²⁷ Still, if these collections are perhaps of a lesser scholastic tradition, the more learned works written at the court of the archbishop of Seville Don Pedro Barroso further attest the trend. These works include the general regimen of health *Regimiento para conservar la salud de los omes* written by Estéfano de Sevilla, who worked and wrote around 1381, and *Sevillana medicina*, written by Juan de Aviñón (fl. 1320–1381).

Little is known of Estéfano other than that he was a son of a surgeon of high standing, and that at the behest of the archbishop he wrote another regimen entitled *Visita y consejos de medicos*, which contains some advice directed specifically to the patron and includes a long deontological section.²⁸ Both compositions reveal the author's exhaustive medical knowledge as even in the rather short regimen authorities such as Galen, Avicenna, Maurus of Salerno, and Constantinus Africanus are cited. In addition, though the work is not formulated according to the strict order of customary *regimina* literature (whether the six non-naturals or a head-to-toe scheme) it omits no aspect set out by this tradition. There are several additions, however. For instance, Estéfano advises the traveler, prior to embarking on his journey, to care for his soul *commo* for the body (that is, in the same way or as much as) by taking the sacrament of penance, which would secure God's protection.²⁹ He continues by offering advice on the care of the body through medicinal methods and regimen referring to air, sleep, food, and purgation. Estéfano wraps up with an adjuration for daily prayer ("and let him practise the good rule and recite every day the *juste judes*, which is a virtuous prayer and safeguards man") and to wear decorated armour.³⁰ Appended to this section are detailed instructions on how to

27 On the little information concerning the author, see Marie Lenkiewicz, *Contribución al estudio del léxico médico del español medieval: 'Secretos de medicina' del licenciado don Juan Enríquez y 'Pronóstica del pseudo-Galeno'*; (unpublished master's thesis, Department of Hispanic Studies McGill University, Montreal, 1987), vi–xxv. She suggests that Juan Enríquez studied in the University of Salamanca. See also Pensado Figueiras, "Pasajes del *Macer Floridus* castellano en el MS 11-3036 de la Real Biblioteca," *Revista de Filología* 92:2 (2012): 344–345.

28 Luís García-Ballester, *La búsqueda de la salud: Sanadores y enfermos en la España medieval* (Barcelona: Ediciones Península, 2001), 297–301.

29 "Deuese primero aparejar asi del anima commo del cuerpo del anima por penitencia et satisfacion de los pecados. Por quell señore de las batallas dios nuestro defendedor todo poderoso sea en su ayuda et defension." Madrid, Real Academia Española, MS 155, fols. 93v–94r.

30 "Et use la buena regla et rege cada día el juste judes que es oración virtuosa et guarda del omme." *Ibid.*, fol. 97v.

inscribe a protective charm addressing the four angels on one's helmet.³¹ The efficacy of this charm is neither questioned nor explained. Instead it is taken to be part of the well-rounded care of body and soul.

A further example of how religious practices were incorporated into the medical advice of the regimen of health is to be seen in Juan de Aviñón's *Sevillana medicina*. There the account of foodstuffs is juxtaposed to specific prayers that should be recited when at mealtime. These are described in great detail, alongside instructions on handwashing, the correct wine with which to start a meal, and the amount of food that should be eaten, as though the saying of grace was an inseparable part of eating in a healthy manner. Moreover, the author's Christian outlook is pervasive throughout the *Sevillana medicina*. The Bible, particularly the Old Testament, is quoted repeatedly, and polemical argumentation against Jews and Judaism is a mainstay of the narrative.³² This staunch profession of faith is perhaps indebted to Juan's previous conversion.

Juan de Aviñón was born c. 1320. Formerly Moshe ben Shmuel of Roquemaure, he arrived in Seville in approximately 1353. Juan previously wrote in Hebrew, leaving us with one poem and an intriguing translation of Bernard de Gordon's *Lilium medicine* (from Latin into Hebrew). His *Sevillana medicina* was written in 1381–1382 and dedicated to Don Pedro, the archbishop of Seville.³³ We know that Juan was an educated physician, but that his learning was acquired through an “open education” as was common among Jewish physicians.³⁴ As Juan attested in *Sevillana*, his tutor was a professor of medicine in Montpellier, and the influence of this school of thought is further evident in his decision to translate Bernard's *Lilium*. As he was well in command of medical textbooks and various authoritative sources, Juan was surely aware that his manner of writing a regimen differed from that of the standard one,

31 *Ibid.*, fols. 97v–98v.

32 Naama Cohen-Hanegbi, “Jean of Avignon: Conversing in Two Worlds,” *Medieval Encounters* 22 (2016): 165–192.

33 The text is extant only in a printed edition by Nicolás Monardes, reproduced some 150 years after it was authored. Fundamental uncertainties remain, as Monardes edited the work to a certain degree, and it remains unclear whether it was composed originally in Castilian or in Latin and later translated into Castilian. However, despite these problems, there is sufficient detail of Juan's life to corroborate him as *Sevillana*'s author. See the introduction by José Mondéjar in Juan de Aviñón, *Sevillana medicina*, ed. José Mondéjar (Madrid: Arco/Libros, 2000). Another transcription of the text was produced by Eric W. Naylor, *The Text and Concordance of the Sevillana medicina Burgos, 1545* (Madison: The Hispanic Seminary of Medieval Studies, 1987).

34 Joseph Shatzmiller, *Jews, Medicine, and Medieval Society* (Berkeley: University of California Press, 1994), 22–31.

yet in no place in the text does a defense of his excursions into the religious domain appear.

Plague tracts provide perhaps the most obvious example of the integration of religion into medical treatises. Epidemics, catastrophes for which medical reasoning failed, of course invited recourse to theodicy and calls for penance.³⁵ This tone is especially elaborate in some Iberian treatises.

On 24 April 1348, under the grave conditions of an approaching plague, Jacme of Agramont, a physician and professor of medicine from Lleida, completed a Catalan treatise on the preservation of the health at such a time. One of the first to pen a plague treatise, Jacme relied on the learned medicine of his time when he suggested a diet that was in accordance with the regulation of the six non-naturals. For Jacme, the pestilence represented divine punishment and was to be combatted mainly by fulfilling the sacrament of penance by confession and due satisfaction. Jacme further proposed a “moral pestilence” which paralleled the current “natural pestilence”.³⁶ Luís García-Ballester and Jon Arrizabalaga have pointed out that this notion of moral pestilence is uncommon in medical tracts, and was influenced by the Franciscan spirituality that shaped both Jacme’s thought and authorial style.³⁷

Juan considered the plague in his typical Bible-thumping manner. Reviewing the history of epidemics, he begins with the flood and Sodom and Gomorra as instances of great sickness due to an imbalance of elements; he later mentions the sickness of the kingdom of Abimelech (which Juan for some reason considers to have affected the iliac region rather than the womb),³⁸ the tenth

35 Jon Arrizabalaga, “Facing the Black Death: Perceptions and Reactions of University Medical Practitioners,” in *Practical Medicine from Salerno to the Black Death*, ed. Luís García-Ballester et al. (Cambridge: Cambridge University Press, 1994), 237–288.

36 “Dich, donques, que, moralment parlan de pestilència, la sua diffinició és aytal: Pestilència és mudament contra natura de coratge e de pensament en les gents per lo qual venen enemiztats e rancors, guerres e robaments, destruccions de lochs e morts en alcunes determenades regions oltra còrs acostumat en aquelles.” Jacme d’Agramont, *Regiment de preservació de pestilència: (Lleida, 1348)*, ed. by Jon Arrizabalaga, Luís García-Ballester, and Joan Veny (Alacant: Biblioteca Virtual Joan Lluís Vives, 1999), accessed: http://www.cervantesvirtual.com/portales/academia_mexicana_de_la_lengua/obra/regiment-de-preservacio-de-pestilencia-lleida-1348—o/.

37 Luís García-Ballester and Jon Arrizabalaga, “El *regiment* de Jacme d’Agramont y el Estudio de Medicina de Lleida,” in *Ibid.*

38 He also misquoted the verse from Genesis 20:18 and regarded Abimelech as the king of Egypt rather than Gerar: “y dellas de mortandad de illiaca passion, que non pueden salir, assi como Abimelech, Rey de Egipto, segun dize el verso: “cerro Dios todos los emotorios del reyno de Abimelech.” *Sevillana medicina*, fol. 129v (p. 512).

plague of Egypt, the burning snakes that attacked the Israelites in the desert, and more.³⁹ Among the causes of the plague he enumerates is divine will and punishment, quoting the book of John in a rare scriptural citation: All things were made by Him; and without Him nothing that was made would have been made.⁴⁰ These passages are additions to a more scientific account of the plague, its causes and its remedies; nevertheless, in their elaborated appearance they stamp the text with the sense that the current plagues are a continuation of God's plan (or *sentencia*) on earth.

Religious faith and practices peer through the medical material in the examples above. Unlike contemporary Latin works, no apologetic tone softens these incursions; rather they are generous and explicit. Nevertheless, these incorporations of religious language and ideas appear without shaking the boat of medical theory. Faith and its manifestations are maintained alongside medical knowledge and its equivalent practices of care, without transforming it. A greater challenge to the independence of medicine was proposed in regard to the passions of the soul.

Passiones del alma

Vernacular treatises would often expand the list of emotions they discuss beyond the “core emotions” or the list put forward by Galen. Some of the words they introduced bear a Christian hue, though we find that context might tone down this association. Jacme d'Agramont's chapter on the passions of the souls is essentially a standard one; it opens with a remark about the necessity of positive emotions during times of plague endorsing being joyful in moderation and not through *luxúria* and other excess.⁴¹ If his phrasing implies a certain religiosity, this is left in the background, for *luxúria* could also suggest general intemperance, and the remaining discussion stays within the bounds of the medical discourse. This adherence to disciplinary boundaries continues when Jacme resorts to a biblical exemplum. Describing the powerful forces of imagination and its ability to bring about change in matter, Jacme recounts the story of the spotted sheep of Jacob appearing in the book of Genesis. Jacob, in a cunning plan to trick Laban out of his flock, agreed that he would take to himself only the spotted sheep and goats, but then bred the flock in front of spotted

39 Numbers 21:6.

40 John 1:3; *Sevillana medicina*, fol. 130v (p. 517).

41 “Dich que en aytal temps goyg e alegre és molt proffitós si donchs per accident ab lo goyg no entremescle hom alcun mal regiment, ho de viandes ho de luxúria e axí de les altres coses.” *Ibid.*

sticks, reproducing spotted livestock.⁴² The story of the spotted sheep was taught in medieval natural philosophy as an example of the powerful influence of visualization and imagination on the body, particularly with respect to recreation and reproduction.⁴³ Here the story aims to bring home the point that fear, and more specifically the fear of death, could be detrimental to health, as mental faculties can alter the state of the body. It is therefore advised that negative thoughts and fears should be averted. Though Jacme's explication of the movements of the soul leads him to rely on religious vocabulary, this language serves to illustrate medical ideas.

The inclusion of this drift into (semi-) theoretical notions sets Jacme's tone as following the lines of natural philosophical understanding of emotions. Recalling the arguments discussed earlier, Jacme proposed that the affects of the mind, of cognition, as well as emotions, alter the material body. This is a standard view of emotions which befits a work written by a university teacher, and more than anything attests the successful distribution of medical ideas in Spain in the period. With this academic framework in mind, turning to Juan's *Sevillana medicina* written some forty years later highlights the importance of subtle alterations in the tradition.

In turning to discuss the *movimientos espirituales del anima* Juan engaged with a broader understanding of the soul. Rather than discussing the emotions and their appearance or influence on the body, Juan opened with a summary of the nature of the soul and its three different characteristics: spiritual soul, ruler of the body, and perfection of the body. These are explained briefly through a merged adaption of the teachings of Aristotle, Avicenna, and Algazali formulated within a Christian prism. Christianizing the concept of the intelligences, Juan described the process of obtaining knowledge in the intellect (or the rational soul) as occurring through the intercession of angels who receive the light of wisdom directly from God and then pass it on to humans.⁴⁴

Arguing for the medical interest in the passions of the soul, Juan noted the different perspectives of the great authorities—Galen, Aristotle, and

42 Genesis 30: 25–42.

43 Maaïke van der Lugt, *Le ver, le démon et la vierge: Les théories médiévales de la génération extraordinaire* (Paris : Les Belles Lettres, 2004), 258.

44 *Sevillana medicina*, fol. 121r (p. 482). Juan was following the lead of theologians from the high Middle Ages on to his time. See Timothy B. Noone, *Of Angels and Men: Sketches from High Medieval Epistemology*, The Etienne Gilson Series 34 (Toronto: Pontifical Institute of Mediaeval Studies Publications, 2011), 4–5; Isabel Iribarren and Martin Lenz, “The Role of Angels in Medieval Philosophical Inquiry,” in *Angels in Medieval Philosophical Inquiry: Their Function and Significance*, ed. Isabel Iribarren and Martin Lenz (Burlington: Ashgate, 2008), 1–11.

Avicenna—on the location of the powers of the soul (and thereby the emotions), and on the primacy of the heart or brain. Juan's solution, in line with positions expressed by physicians of the time, offers a compromise between authorities. He identified both the heart and the brain as agents in the process of emotions but clarified that disciplinary point of views, that is, medicine or natural philosophy, yield different accounts. The rather long introduction of the topic showcases the author's erudition but also, and more importantly, it situates the topic of emotions within a wider understanding of the working of the soul and its implication to health. The physician or reader interested in the preservation of health is thus reminded that the physicality of emotions—discussed next—is but an aspect of the soul's function and its care should not neglect this broader context.

Juan's desire to discuss fully the passions of the soul is again evident in his description of the various ways emotions may affect the body. It begins with an account of the movement of the spirits and blood in the body inwards, outwards, slowly or fast, becoming more complicated when more than one emotion is experienced. Next it turns to include explanations on the movement of imagination and sight, in which the story of Jacob and the spotted lamb appears.⁴⁵ The biblical example serves Juan's point that a careful cognitive regimen is necessary to prevent a disruption to the humoural balance. The idea that imagination is capable of altering health follows Avicenna, and, as seen above, finds precedent in Jacme's regimen; nevertheless, Juan's treatment of the topic is uncommonly extensive. The faculties of the soul, particularly imagination and memory, were rarely included among the accidents of the soul until the fifteenth century. Juan's approach ought to be seen as an attempt to integrate the consideration of the soul with that of medicine. The fruit of this becomes apparent when Juan moves from a scientific tone to an instructive one:

It is necessary that a man that wishes to preserve his health will not become angry, nor irritated, nor worried as much as possible, because once he does so he greatly harms his body. And therefore a man needs to be temperate in all his animal movements: such as anger and fear and love and hate and mercy and cruelty and generosity and avarice and knowing and forgetting and in bravery and in timidity in pleasure and sorrow and in all other manifestations of the soul, let him take the medial way, because the medial is the best, and the extremes are evil; and he should read exempla and the teaching and the doctrine which is written in the

45 *Sevillana medicina*, fol. 123r–v (p. 489).

books about these things, especially in philosophy, and particularly, in the books of the Holy Scriptures. And above all the things in the world, love the lord and love your neighbor as much as you love yourself. And furthermore, never become irritated in affairs of the world and as the sages say, refrain from the mortal sins which are vainglory, avarice, lust, anger, greed, envy and sloth. In these seven sins all the sins of the world are enclosed, in the same way that the good deeds are enclosed in the seven works of mercy, which, according to the prophet Isaiah, are to visit the sick, feed the poor and give them shelter and clothes, bring them to your home, bury the dead and ransom the captives.⁴⁶

The list of emotional states is not only long but also more varied than we usually find. It encompasses cognitive states—knowing and forgetting—and emotions that are not commonly associated with material change (Juan himself does not explicitly suggest that there is one). Advising further how to maintain the golden mean, Juan resorted to spiritual remedies. Reading the scriptures and absorbing oneself in love should assist in preventing one from falling into unhealthy emotional states. This is not just a cross-over of remedies, but rather a merging of systems of thought. The materiality of emotions is fused with the notion of sin. Thus the warning to avoid anger and irritation is particularly deplored with regard to “the affairs of the world.” As against the initially encouraged Aristotelian-style regimen that seeks the middle ground, Juan turns to the Christian advocacy of the denial of certain worldly emotions as sinful through the category of the seven deadly sins: “[because] in these seven sins all the sins

46 “es menester que se guarde el ome que quiere conseruar su salud que non tome saña ni enojo ni cuydado en quanto pudiere despues quel ome vee que faze tan gran daño en el cuerpo; y, por ende, deue ser el ome templado a todos mouimientos animales, assi como saña y miedo y amor y desamor, piedad y crueldad, y largueza y auaricia, y saber y non trassaber, y en ardidez y en couardia, o en plazer o en tristeza, y en todas las otras virtudes animales, que tome la mediania, c el medio es el mejor, y las estremidades son malas; y deuen leer los enxemplos y los castigos y la dotrina que son e scriptos en los libros sobresta razon, señaladamente filosofia; mayormente, en los *Libros de las Sanctas Scripturas*; y sobre todas las cosas del mundo, quiera a Dios y quiera para su proximo lo que querra para si. Y con esto nunca tomara enojo de cosa del mundo y escusar se ha de los pecados mortales segun dizen los sabios, los quales son estos: soberuia, auaricia, luxuria, yra, gula, inuidia, acidia. En estos siete se encierran todos los pecados del mundo. E bien assi como se encierran los bien fechos en siete obras de misericordia, que escriuió Ysayas profeta, las quales son visitar los enfermos, y fatar los pobres de comer y beuer, y cobijarlos, y vistirlos, y allegarlos a casa, y enterrar los finados, y sacar captiuos, ca estas obras nunca se pierden.” *Ibid.*, fol. 123v (pp. 489–491).

of the world are contained.” Without any intimation that the author regarded this passage as diverging from medical issues, the section continues to discuss once more the material impact of sadness, sorrow, and other emotions: “in addition let melancholy and sorrow be cast out for they alter the complexion and dry the body.”⁴⁷ The devotional tone reappears at the close of the chapter, again in what could be defined as a spiritual remedy. Faith and trust in God and the lives of saints are the means by which the reader should overcome their worries and unhealthy preoccupations:

[For] this, a man needs to leave aside irritation and worries, for, as said the sage, if he treats things of the past, it is pointless because now it cannot be avoided anymore; and if it regards things of the future, it is also pointless, because one might die before and not live to see the day, and cry for a world that will not be his; and if it regards things of the present, let him entrust himself to God, for, have faith in Him, and remember the words of Job and other saints, and place confidence in God and He shall have mercy.⁴⁸

Juan's chapter on the *movimientos del alma* showcases his abilities as a learned physician, one who effortlessly recapitulates the leading philosophical and medical theories and offers the reader a creative synthesis. Nevertheless, as much as his synthesis reiterates established medical views, Juan's bottom line is that the emotions are to be managed, in the main, by means of faith and religious devotion. Moreover, his overall frame of thought is that poor management of emotions is tantamount to the gravest sin while devotional love and good deeds embody health.

The passions are again a vehicle for a Christian message in the regimen of another Castilian, Alfonso Chirino. Alfonso, who lived at the turn of the fifteenth century (c. 1365–1429), was the son of a *converso* surgeon. He studied at the University of Salamanca and rose to become the court physician to King Enrique III and, after 1414, a medical licensing examiner. His major work was *Menor daño de la medicina*, styled as a regimen of health it also includes a chapter

47 “otrosi, tirese de melancholia y trizteza, ca tras mudan la complision y dessecan el cuerpo.” *Ibid.*

48 “por ende, deuese el ome quitar de enojo y de cuydado ca, como dize el sabio, si es de cosa passada, es demas el enojo, que non se puede tornar atras; si es por venir, es demas el enojo, ca quiça podra morir antes y non lo vera, y llora el mundo que non es suyo; si es en el presente, encomiendese a Dios, que le aura poedad; y acuerdese de los dichos de Job y de otros sanctos, y ponga su confiança en Dios y el le aura merced.” *Ibid.*, fol. 124r (pp. 491–492).

on the passions of the soul entitled: “*Terçera parte del regimiento de sanidat en rrefrenar las passiones del anima que enbargan la salut.*”⁴⁹ Here again a similar shift from medical to devotional language occurs through the topic of emotions. The chapter opens with information concerning the impact of joyous emotions on the heart and the need to refrain from emotions that harm the heart and the flesh. But the next nine sections have a very different tone and style. These sections, if extracted from the medical context and circulated on their own would seem like a part of a religious sermon. They advise the reader to love poverty and despise riches, to aspire for patience, to avoid quarrelling, and to reject worldly things. This is quite unlike the usual medical fare:

Great is the bitterness and sighs which you have, and you lose appetite because you are small and in despair. You wish to be great and honoured in order to live in great delights. That which causes your bitterness does not exist, for, above all, the dignities and honours of the world allot to each their own great and evil burden.

This division of wealth takes its toll on each of them, great pain and much fear and much travails. And I do not see them less suffering, sighing or bitter because they have rich and excessive foods, rather I see that they harbour great desire for them. And you are deluded if you believe that these men or powers seem to them so good as they seem to you. For in as much as it is fictitious to please the fools or those who are not sane, it is not so.⁵⁰

49 It is of note that the title changes in some of the manuscript versions; two manuscripts (one in the Biblioteca Nacional de Madrid and the other in Biblioteca Menéndez y Pelayo de Santander) have the title: “*Terçera parte del regimiento de sanidat en rrefrenar las passiones del alma que enbargan la dalud corporal e spiritual.*” This indicates that in circulating the text copyists did not find it a problem that the medical text would treat spiritual matters and could state so clearly. Alonso Chirino, *Menor Daño de la medicina de Alonso Chirino: Edición crítica y glosario*, ed. María Teresa Herrera (Salamanca: Universidad de Salamanca, 1973), 47.

50 “Grande es el amargor e sospiro que tienes e pierdes la digistión porque eres chico e despreçiado. Querriás ser grande e onrrado para beuir en grandes deleytes. Non lo tiene esto de fazer tu amargor, que de ençima reparten las dignidades e señoríos en la tierra a cada uno con su grande e mala carga. En el/ qual repartimiento les copo a cada vno de pagar mucho dolor e mucho temor e mucho trauaio. E non veo a estos menos dolientes gemiendo e amarillos porque han ricas viandas e sobradas, que veo al que tiene grant deseo dellas. E eres engañado si crees qe estos semeiantes o potestades parecen a si mesmos tan bien como paresçen a ti. Que si plazer les bes fintoso es o non son cuerdos si así non es.” *Ibid.*, 51.

That if your will was pure towards doing good, you would not hope for another prize except the good prize of doing good itself, for you yourself you would have done it and not for the gift. And because it is so you did not receive evil for good, rather you received according to your motive.⁵¹

Bodily health is hardly mentioned in these passages. Rather, it is implied, it is the soul and one's behaviour that requires concerted care. If Christian theology is not stated in so many words—that is, there is no mention of Christ or the Trinity—Christian morality is laid out as the means of caring for unhealthy emotions. In view of the threat of the physical effect of the emotions (especially on the heart), a devout decorum that regulates one's emotional life is construed as a safeguard against ensuing sickness.

That both Juan and Alfonso were converts might well have contributed to their enthusiastic delivery of the Catholic message. Yet their contemporary Estéfano de Sevilla, who was of Christian descent, shares this frame of thought. As mentioned, Estéfano composed two treatises: in the general *Regimiento para conservar la salud de los omes* there is but one terse comment on the emotions as part of the *costunbre del omme*, where it is advised to refrain from stress (*angustia*) after eating, and more generally it is suggested that wrath and *molestia anima* cause sickness. His other regimen appearing in *Visita y consejos de medicos* was directed specifically to Archbishop Don Pedro Barroso and includes a more elaborate account of the emotions. This latter work merits a close reading.

Opening with the scope of the category of *passiones animales* (regarded also as *accidentes animales*), Estéfano explains that for the sake of brevity, Galen chose to mention only seven of the most principal emotions in the *Tegni*, and so he listed them as they appear in the work of Constantine the African (a different list from that of Galen): anger, sorrow, anxiety, fear, shame, joy, and wrath. These should be tempered through *buenos mores*. While the author here recalls Haly's commentary to the *Tegni*,⁵² Estéfano speaks in a different tone. Rather than restriction and hesitancy here we have an inclusive approach, as Estéfano both omitted any limitations (such as to care for emotions only in so far as they harm the body) and did not rehearse the morality-bodily health

51 "Que si tu boluntat fuera pura para bien fazer non asperaras otro galardón saluo el buen galardón e el bien fazer mesmo quando por ti mesmo lo fizieses e non por el recbtor. E pues asi es, non reçebiste mal por bien, más reçebiste lo conuenible segut fué el tu motiuo." *Ibid.*, 54.

52 *Liber Tegni Galieni*, in *Articella* (Venice, 1483), 186v.

split that often accompanied mention of the reciprocal influence of humours and habits.

Estéfano next explained the physical influence of each emotion, paying particular heed to the archbishop's complexion and health, for which an unbalanced temper was deemed detrimental.⁵³ Anger is accorded a rather long discussion combining physical with moral terminology. Anger (*yra*) should be avoided as it does not comply with the archbishop's "good complexion," because of his cold complexion.⁵⁴ Estéfano then distinguishes between *yra* and *saña*—the latter, which is said to be anger without offence (*enojo*), should not be considered a sin; it is more favorable to the body because the fervor of the natural heat is tempered without descending into vengeance and it vivifies and draws the blood to all the members in order to increase and preserve their natural heat. *Yra*, in contrast, tends to escalate, "and often causes death and leads to a sin of the soul," because from it stems a desire to do evil unto one's neighbor. Here Estéfano follows the commentators of the *Tegni*, who often remarked upon what seems to be a repetition. However, Estéfano added that anger is a common cause of death—though most authorities stress that this is not the case—and more importantly, that anger is a sin. As one of the deadly sins, the discussion on anger can be hardly described as a shifting of semantic fields or a borrowing of language; rather, for Estéfano there is one—shared—language used to describe a unified concern for the health of the body and the soul. The damage done by anger to the body may be assessed or at least paralleled by the degree to which it harms the soul. This underlying moral framework may also account for the author's claim that anger leads to death, as for him anger is a *pecado mortal*.⁵⁵

To contextualize Estéfano's radical convergence of pastoral thought let us return to Maino de Maineri's (d. 1368) discussion of anger. The Milanese physician acknowledged that anger might at times be considered commendable by the Church but affirmed that nonetheless it is always injurious to physical health. In Maino's view, the two disciplines represent two distinct, and potentially conflicting, fields of knowledge. Estéfano, quite differently, implies that

53 "los non moderados jnconuenjentes a la ssu persona rreuerenda." Estéfano de Sevilla, *Visita y consejo de medicos*, Madrid, Biblioteca Nacional 18052, fol. 13r.

54 This reasoning is implied in the following lines: "yra la qual non es conuenjente a su buena conplission. assi como a los frios de natura ssegunt galieno en el quinto de morbo et de accidente titulo. Vjo." *Ibid.*, fol. 13v.

55 *Liber Pantegni*, London, British Library, Harley MS 1676, fol. 64r.

medical claims parallel or at times even encapsulate a Christian understanding of sin.⁵⁶

Vice and virtue and their respective impact in Estéfano's treatment of emotions can be detected as well in the author's comment: "the third accident which is sorrow, this the señor archbishop removes from himself with much great patience for the virtue of God."⁵⁷ Similarly, advising the archbishop to refrain from fear, Estéfano adds that this should be done through the great holy fortitude of God, for by faith God gives the strongest stone—"le dio ut lapis firmisimus in fide." *Angustia* is also unhealthy for the archbishop's body and it too is to be countered by faith through the joy of "*bien obrar*." Good works are helpful in combating all emotions inimical to the patient's health (*el qual remueue todos los accidentes opósitos a la ssu angelica persona*). While Estéfano does not follow slavishly the trees of vice and virtue and the established antidotes—patience is the recommended remedy for anger and anxiety is not strictly speaking a sin—their influence is obvious. Echoing Juan, the good works of mercy are particularly helpful in nurturing a mental state that is devout and hence unaltered by the accidents of the soul. While neither author clarifies the mechanism by which visiting the sick and ransoming captives keep unwelcome moods at bay, it can be surmised that they could function both as diversion (along the lines of the cognitive therapies discussed in Chapter 3) or as a spiritual remedy guarding the devout from such sinful states. In any case, it is clear that while medical authorities are quoted extensively, for its author their knowledge serves only to explain the influence of the accidents on the body. A sound soul is maintained through daily devotion.

Doubtless, Estéfano's approach was shaped by the fact that his treatise was written to the "angelic person" of Don Pedro Barroso. Flattery aside, however, that theological matters are found in the chapter on the accidents of the soul while they are almost absent from other parts of the regimen is significant. We have seen elsewhere that the topic of emotions offered a space in which religious notions could be broached, but our three authors seem to go a step further: Christian morality seems the very essence of their inquiry. In fact it might be said that their discourse signals that emotions are primarily moral acts rather than alterations in the state of the body. For them, the notion that humoural imbalance was responsible for bad habits (*mali mores malicie complexionis speciem sunt sequentes*) was precisely inverted. Moreover, these passages

56 A similar position later appears in the fifteenth-century *De conservatione sanitatis* by Benedetto Reguardati da Norcia. See Chapter 3.

57 "Del terçero accidente que es la tristeza. Este Remueue el ssennor arçobispo de ssi con muy grant paçiençia por virtud de dios. Estéfano de Sevilla, *Visita y consejo*, fols. 13r–v.

redefined the scope of medicine. All in all, the argumentation of the authors at hand point to a carefully calculated claim that a healthy soul of a healthy body is Christian, and follows Christian moral tenets. Passing references to religious practices found in Spanish medical tracts superficially supported this notion, but it was in the consideration of the management of emotions that the idea was promoted as specifically and crucially Christian. The didactic agenda of fostering Christian medicine was brought directly to the fore in contexts in which the soul was thought to play a part. As well, it can be perceived in Juan's polemics against Jews and the Jewish faith in his *Sevillana medicina* and in the deontological discourse of Alfonso and Estéfano to which we will now turn.

The Christian Physician

Writing medicine in the vernacular supposes a local readership and, most probably, a non-professional audience as well. It might be intriguing to consider how such readers made sense of the religious exhortations we have seen in the texts.⁵⁸ Our investigation here, however, will set aside such questions, as it seems that a primary preoccupation of the authors was the articulation of the nature of medicine as a discipline and, even more so, of the role of the physicians who practice it. Alfonso Chirino's second work, *Espejo de medicina*, where he labored to define the role of the physician certainly epitomizes this interest. Medical advice is sparse, with only a handful of remedies and practices detailed. The emotions are discussed vis-à-vis their potential to alter the material state. Syncope of the heart is theorized to be caused by great joy or fear,⁵⁹ and a rule of thumb for good health is to avoid greed, fear, love, anger, expectation, hope, and desire of worldly things.⁶⁰ Though the passions are taken up in a quite rudimentary way, the discussion is set within a work that offers a unique take on the relationship between medicine and faith, lending the passions an overtone of Catholic morality.

In what might seem at first glance a "secular" approach, Alfonso discusses at length medicine as a product of the natural world rather than spiritual or saintly world (*las cosas santas*). Not discovered by holy men, medicine should not be assessed against the standard of the Holy Scriptures. Moreover, it would be unreasonable to attempt to extract from the Scriptures medical advice. The diets of great religious figures, some of which were highly restricted, would

58 See Michael Solomon's concept of "sickly readers," in *Fictions of Well-Being*, 9.

59 Alfonso Chirino, *Espejo de medicina*, Madrid, Biblioteca Nacional, MS 3384, fol. 34v.

60 *Ibid.*, fol. 2v.

hardly constitute appropriate culinary fare for the non-select. In fact, he argues, faith has other medical means, which pertain to its own rationale and instruments. These are evident in the sweet and long lives of saints who abjured standard medical advice. King Hezekiah, who “sinned because he did not call unto God, but unto the physicians” is further brought to bear by Alfonso.⁶¹ This particular example of faith healing is curious. More commonly, Hezekiah was adduced in religious discussions as a proof for the value of medicine. Isidore of Seville mentioned him as such, and in several sermons he appeared as a model sick person who took his illness as a call for repentance.⁶² Alfonso’s reference is idiosyncratic, both in its narrative and in its analysis. I have not been able to trace a previous source either in the biblical narrative or in the commentaries that suggests that he turned to earthly medicine before he turned to prayer. In *Espejo de medicina* the story draws distinctions between natural and supernatural means of healing while in the biblical narrative Hezekiah receives material medicine (a fig plaster) alongside a promise of God’s blessing from the prophet Isaiah. Moreover, Alfonso’s story does not serve as an affirmation of medicine but rather as a proof that prayer and medicine are related hierarchically: the king is said to have sinned in choosing medicine over faith. Further support to the looming primacy of faith over medicine is elsewhere present as well.

Though scholars tend to disregard professions of religious devotion that appear in the opening pages of medical works, considering them as nothing more than dues that must be paid, the case at hand calls for a different approach.⁶³ Alfonso elaborates fully on the relationship between living a devout life and health, and this elaboration is interspersed throughout the treatise. Thus, echoing Aristotle, Plato, and Seneca, the author describes the good physician as learned and ethical but the best physician as devoutly Catholic “deue ser el medico muy virtuoso catholico” because a man with an evil soul is not fit to be a physician:

The physician should be a most virtuous Catholic as Galen confirms in the second book of *de crisi* where he says that a physician of little will

61 *Ibid.*, fol. 15v. The biblical story appears in Kings 2, Ch. 16–20; and in Isaiah 38.

62 Isidore of Seville, *Etymologiarum libri xx*, 4:9 PL col. 193a; Joseph Ziegler, *Medicine and Religion c. 1300: the Case of Arnau de Vilanova* (Oxford: Oxford University Press, 1998), 106, 111.

63 About medical prefaces see Cornelius O’Boyle, “Medicine, God and Aristotle in the Early Universities: Prefatory Prayers in Late Medieval Medical Commentaries,” *Bulletin of the History of Medicine* 66:2 (1992): 185–209.

and of a very evil soul does not study well the doctrine of medicine nor is he fit to be a physician, etc. And accordingly this seems suitable as such great trust (*fianza*) is given to him, especially when he is trusted with the life of kings and of great *señores* ... because ignorant physicians kill with ignorance.⁶⁴

We get an intimation as to that which Alfonso considered *muy mala anjma* (a very evil soul) in a retort to his professional rivals.⁶⁵ Ignorance is much derided. Only learned physicians are to be consulted, and even with them one is to be very careful:

[we] must conclude that ignorant medics (*medicos*) must be cast aside completely, and learned physicians (*fisicos*) should be doubted and a great portion of what they do should be suspected. And because this art is doubtful and it is a necessity for people, they must be greatly cautious in their selection of the persons they choose as physicians. They should know much science, be kind and most very wise in administrating this science in which so many dangerous doubts exist in its practice.⁶⁶

Nevertheless, for Alfonso, moral integrity far surpassed knowledge in importance. Deploring the influence of unworthy physicians whose “tongues” are bad, as are their *obras*, Alfonso stipulated that the good physician—the trustworthy one—is free from avarice and envy. Apart from attesting his unhappy collegial relationships, Alfonso’s chosen vices—avarice and envy—disclose an underlying worldview in which all that is evil is voiced through the terminology

64 “Yo tengo que se deue acreççentar en este examen que deue ser el medico muy virtuoso catholico lo qual confirma galieno en el segundo libro de crisi onde dize quel medico de flaca voluntad, et de muy mala anima non aprende bien las doctrinas de medeçina nin cumple para medico. Et cetera. Et según paresçe que esto conujene al que tan gran fiança es de fazer del mayor mente quando del fian la vida de los rreyes et de los grandes señores ... que los medicos ygnorantes matan con ygnorança.” Alfonso Chirino, *Espejo de medicina*, fol. 31v.

65 Marcelino V. Amasuno Sárraga, *Alfonso Chirino, un medico de monarcas Castellanos* (Salamanca: Junta de Castilla y León, 1993), 72.

66 “Et por lo qual deuemos venjr a este fin que los medicos ynorantes deuen ser desechados de todo en todo. et los fisicos letrados deuen ser dubdosos. et sospe-chados gran parte de lo que fazen et E pues esta arte es dubdosa. et la gente la han por nesçesaria deujan ser escogidos con grande deliberaçion tales personas para fisicos de mucha sçiençcia. et caridad muy mucho sabios para admjnjstrar sçiençcia en que tantas dubdas peligrosas estan çerca de la su platica.” Alfonso Chirino, *Espejo de medicina*, fol. 6r.

of the deadly sins. Thus, the untrustworthy physician is classified as a sinner also against the Catholic faith.

An apparently more medically minded example concerning the religiosity expected of the physician appears in a passage on dietary restrictions. There, Alfonso criticises physicians that allow patients to eat meat during Lent or on Fridays. Alongside noting that such an error would befall an ignorant physician or one of little faith, he explains the medical-natural reasons that would militate against such exemptions. For instance, at the time of the year in which Lent is celebrated, following the months of winter, the meat of animals has little nutritional value, while the season's fish are much better.⁶⁷ In addition and in common with many contemporary physicians, Arnau de Vilanova a celebrated example among them, Alfonso did regard medicine as God's creation.⁶⁸ Moreover, by elaborating on this and averring that at the same time God created "the most perfect creature the Virgin Santa Maria" as medicine for sin, Alfonso draws an analogy between the medicine of the soul and the medicine of the body. This was a common theme in pastoral literature of the period but one that was almost entirely absent in contemporary medical literature. Its inclusion here points to the strong influence of religious language in his framing of medicine, as does the repeated references to the *santa escriptura* as authority and the multiple references to the Bible in his explanation of medical concepts (e.g., Elihu's exhortation to Job as proof that medicine is not predictable).⁶⁹ All these seem to buttress his claim that true medicine is quintessentially Christian.

Finally, this position of faith is further underscored in Alfonso's approach to non-Christians. As previously discussed by Marcelino V. Amasuno Sárraga, Alfonso castigated Jewish physicians for being insufficiently educated in the art of medicine as well as for behaving in a malicious manner toward Christians, intentionally causing them harm (e.g., infecting them with leprosy).⁷⁰ Certainly his anti-Jewish environment was amenable to this endorsement of the good physician as Christian, and his criticism of Jewish physicians may well have originated from his new devotion to Christianity and/or his desire

67 *Ibid.*, fols. 51v–52r.

68 On medicine as God's creation, see Ziegler, *Medicine and Religion*; Chiara Crisciani, "History, Novelty and Progress in Scholastic Medicine," *Osiris*, 2nd series, 6 (1990): 118–139.

69 Job 33: 22–25. The quote appears in Latin.

70 Alfonso Chirino, *Espejo de medicina*, fol. 19r. Marcelino V. Amasuno Sárraga, "The Converso Physician in the Anti-Jewish Controversy in Fourteenth-Fifteenth Century Castile," in *Medicine and Medical Ethics in Medieval and Early Modern Spain: An Intercultural Approach*, ed. Samuel S. Kottke and Luís García-Ballester (Jerusalem: Magnes Press, 1996), 92–118, esp. 115–116.

to distinguish himself from his former co-religionists. But these possibilities seem even more complex in view of his staunch naturalist approach to medicine, an approach that could be accused of expressing a non-Christian sentiment (and his apologetic tone suggests that he indeed was so accused).⁷¹

Alfonso's defense of medicine as a distinct field of learning is thus complex in its claim. It simultaneously considers medicine as a natural discipline and maintains its subservience to faith. Thus, whereas the art is defined as "natural" and almost independent of religious dogma, the good physician is he who adheres vigorously to the Catholic faith. Thus we understand the emphasis *Espejo de medicina* places on the morality of the physician, over and above the profession or the patient. Nevertheless its argument that medicine should be careful and conscientious and that the physician should epitomize an ideal of health allows us to infer Alfonso's positions about medical care. Thus, as the treatise puts forth, a perception of the soul that is devout and does not distinguish its physical influence from its spiritual nature, it is clear that Alfonso directs his readers to consider not care of the emotions per se but a care of the soul. The repeated admonitions to forego wealth, honor, and anxiety and submit oneself to faith, confession and the saints, follow, therefore, his conviction that the health of the body is contingent upon spiritual wellbeing and Catholic obedience.

The Discrete Physician

Three decades before Alfonso, an even more direct attempt to define the good physician as Christian was made in Seville by Estéfano:

The second condition [for a good physician] is that he will live according to virtue, and living according to virtue is properly, living well, and therefore, a physician of this kind is not able to do wrong...and this because virtue is a laudable habit whereby his deeds are found worthy and good... and from this condition- virtuousness—the physician derives two benefits: many trust him and with divine help he shall heal many. Wherefore [as Galen said] in he that the sick trust and entrust their hands more illnesses shall be healed etc. and this is because of the physician's eager virtuous good deeds. Good name is made known and as result [patients'] good notion (*la ymaginación buena*) of him is held among the sick and

71 "me acusan de sacrilegio. & piensan omjziar et acaloñar mjs palabras acusandome con dios diziendo que digo heregia." *Ibid.*, fol. 15r.

heals in him more than in others. They trust him because of the good life and deeds. And this imagination and trust along with divine help, is the cause of many cured infirmities.⁷²

A trustworthy and virtuous physician may not always live according to the requirements of the Christian faith, yet this is precisely how the author conceived things to be. Estéfano de Sevilla, whose treatise dedicated to the archbishop of Seville Don Pedro Barroso was discussed with respect to the regimen of the accidents of the soul, composed also a lengthy treatise (said to have been requested by the archbishop) dedicated to the advancement of the religious life of physicians.⁷³ *The Visitation and Spiritual Counsel of the Physicians* (*La Visitation et consiliacion spiritual de los medicos*) is indeed designated as an instruction manual for the faithful physician. As the title, which recalls the method of church supervision, suggests, the treatise is set within the framework of a spiritual mission. Indeed the work echoes and most probably relies on the lists of sins pertaining to physicians available in confession manuals. Furthermore, it is one of the few medical works of the period to fully incorporate and develop the trope, diffused among devotional and confession manual authors, that parallels physicians and priests. This unusual absorption of Christian pastoral thought was seen above in the author's regimen to his patron; here we may see the broader formulation of Estéfano's profound association of medicine and faith.

72 "Notable ssegundo et la ssegunda condiçion es que ujua el medico ssegunt virtud et Et viujr ssegunt virtud es derechamente en bien ujujr. et Porque tal medico mal fazer non podra assi commo es aujdo en el primero libro de la prudencia. allegado ssegunt bernaldo in deconseruacione et preseruacione vite humane. et E esto por que la virtud [^es] abito laudable. por la qual las ssus obras sson fechas loables et buenas. Et avn desto es aujdo por el filosoffo. in ssecundo eticorum. et E desta tal condiçion. virtuosa. prouernan al medico dos comodis. fiaran muchos del. et con la ayuda diujnal ssanara a muchos. et onde galieno pronosticorum primo comento del testo ssegundo. diziendo en aquel que confian los enfermos et cuyas manos sse acomjendan esse mas enfermedades ssana et çetera Et esto porque por las buenas obras virtuosas aujdas en el medico. la ffama buena es dyuulgada et per conseqens la ymaginacion buena del en los enfermos es contenjda et ssanjdat en el mas que en otri sson confiantes por causa del bien bjujr et obrar et la qual ymaginacion et confiamjento con la ayuda diuinal es causa de muchas enfermedades curar. mas que al medico. oposito al bien et virtuosamente." Estéfano de Sevilla, *Visita y consejo*, fol. 42r–v.

73 About the identity of the archbishop, see José Sánchez Herrero, "En torno al arzobispo de Sevilla Don Pedro (1378–1390)," reprinted in *La diócesis de Sevilla en la baja edad media* (Sevilla: Universidad de Sevilla, 2010), 21–42.

The treatise opens with an identification of four core principles to be mastered by the physician: (1) the divine origin of medicine and its dependence on theology; (2) the properties of various medicines; (3) the laws of Christian faith that physicians should obey; and (4) the relevant doctrinal lore, such that physicians will be able to perform their work without sin. Each principle is then discussed comprehensively. Medical authorities such as Hippocrates and Galen, Arab authors such as Avicenna and Albucasis, as well as Latin ones such as Maurus of Salerno and Arnau de Vilanova, are cited heavily. These are spiced with further quotes from the New Testament as well as references to Augustine and other theological figures. Though some of the arguments can be found in a number of previous works, the manner in which Estéfano presented his argument, along with several seemingly minor additions, yields a fresh view of medicine, one that is deeply Christian. Estéfano, like others before him, brought Ecclesiasticus 38 as an affirmation of the divine origin of medicine and of the medical profession in general.⁷⁴ Further, medicine was characterized as the “daughter” of theology, and just as a daughter aids her mother, theology bestows perfect health and medicine preserves it. This relationship between medicine and a broader system of knowledge follows arguments circulating at the time about medicine serving as a “handmaiden” to natural philosophy and to philosophy more broadly. Indeed, Estéfano marshalled Galen, Constantine the African, and Aristotle to support his claim. Yet, while these authors spoke of philosophy as the guiding light from which medicine draws its usefulness, Estéfano situated this knowledge in a Christian universe in which theology is the chief among all sciences.

A further comparison between Estéfano’s view of the religious role of the physician and that of Arnau de Vilanova sheds light on the singularity of the former. As pointed out by Joseph Ziegler, Arnau proposed that medical knowledge could derive from Divine illumination.⁷⁵ Citing scripture, Arnau argued that medicine was a gift of God, and that it held a certain, crucial secret obtainable only by the would-be physician who sought knowledge of God not fortune. Notably, while Arnau claimed that medicine was somehow sacred and that good physicians are akin to prophets or to high priests, he stopped short of characterizing medicine as specifically Christian. Arguably, Arnau’s concept of divinity was essentially Christian and he therefore saw no reason to state such explicitly. Following that reasoning, however, it is all the more curious that Estéfano chose to accentuate throughout his work the Catholic framework of

⁷⁴ Ziegler, *Medicine and Religion*, 119.

⁷⁵ *Ibid.*, 124.

virtuous medicine. Perhaps a look at a few more examples from this treatise will elucidate the matter.

Estéfano addresses his readers as “physicians of the body” (*medicos corporales*), thus upholding, at least nominally, the distinction between these professionals and “physicians of the soul.” However, he insists that physicians adhere rigorously to Church law, a demand that in some passages suggests a conflation of the physician’s duty with that of the priest. The passage begins with the rather neutral admonition that the physician should perform his art with reverence and honor to God and with the recognition that the art derives from Him.⁷⁶ A long discussion about the physician’s obligation to maintain a virtuous life follows. The avoidance of hatred, arrogance, and desire for riches are then held up as the fulfilment of the path of humility and of the Holy Scriptures. Estéfano, thus attempts to capture the *habitus*, so to speak, of the ideal physician, which he terms the “physician of the heart” (*medico de coraçon*) and “son of God” (*fijo de dios*). While the requirement of virtue for physicians was stipulated by both ancient and recent authorities (e.g., Vilanova and Bernard de Gordon), Estéfano expands on their deontological appeal that physicians should be men of valour by situating this valour squarely and exclusively within the framework of a Christian way of life. Thus we see the expectable citation of Canon 22 of the Fourth Lateran Council,⁷⁷ but also references to the New Testament (Mathew), interjected Latin prayers, recurrent mention of God’s grace, exhortations to follow the seven divine virtues, to make satisfaction for their sins and warnings against employing Jewish or apostate physicians.⁷⁸

76 “a dios en todas las cosas propone et temelo et onrralo que del todos los bienes desçenden.” Estéfano de Sevilla, *Visita y consejo*, fol. 42r.

77 “llamar antes al medico del alma antes que cosa corporal en ellos se faga et commo el alma ssea major que el cuerpo et ssalut del.” *Ibid.*, fol. 53v.

78 “et nunca ssolamente por ssi en ssu cabo al medico judio njn apostata dexe obrar et E esto assi lo publique et lo pedrique sin soberuja et vanagloria tomando mas por ssolo prouecho al ssu acomendado donar et de la descomunjon esquiar et por los preçetos catolicos conseruar et E asy pedrique et confiesse por ssolo dios seruir. la lealtançia assi commo confessor en las enfermedades vericundiales que guardara porque del ssennor arçobispo mandado le es et asi en toda ssu obra bien fazer por a dios buena cuenta de la ssu çiençia dar. et lo qual plaze mucho al ssennor sobredicho. pues breujter concluyendo todo medico guardando et tomando todos ssiete consejos abra los ssiete dones del spiritu santo. Con los quales con el ssu buen pastor et consilios muy acomodados dador. yran et veran aquella Gloria jnfinjta con ihesu xpisto nuestro ssennor amen. Parte vltima et quarta quanto de las vias ynjas de las quales todo medico sse deue guardar por ssu anjma ssaluar et ssu çiençia onrrar.” *Ibid.*, fols. 65r–v.

A look at the medical writings of the early fourteenth-century Genovese physician Galvano da Levanto helps to further clarify Estéfano's stance on medicine and the spiritual life. Galvano maps an extended analogy between medicine and religion. His account of medical processes of healing, such as evacuation and repletion, are drawn as parallel to the spiritual healing of the sacraments.⁷⁹ Religious texts are replete with this sort of analogy, which are used as proof of the inner logic and the efficacy of the spiritual practices of the Church. For Estéfano the mission is somewhat inverted: instead of convergence we have a conflation of the two disciplines. Medicine itself should be understood as a part of the spiritual mission of healing (in line with Arnau) but it should be practiced strictly along the Christian path.

The faithful physician was thus a preoccupation of these authors, who wished to fit medicine within a devout Christian setting. This general effort was nowhere as evident as in the treatment of emotions. Though they communicate these in especially devout tones, the Castilian texts record opinions in line with those found in contemporary medical texts outside of Iberia. Both medical and non-medical works promote the virtuous physician and a religiously justified medical profession. It is specifically in their treatment of emotions, however, that our texts offer a more profound case of reception of Christian ideas. While working within the framework of the six non-naturals and the humoural system, they conflate this medical knowledge with penitential perception of sin and virtue, yielding a regimen that is medicinal via devotional practices. Yet it is not solely the conceptualization of emotions that changes through the adoption of religious discourse. Lifting disciplinary barriers, the medical authors imply that physicians may, or even should, provide religious instruction. It is thus that medicine is most modified. Here, the physician's character is elevated to that of a preacher whose instruction considers not only the living body but also the eternal soul.

The current evidence does not allow for making sweeping statements about Iberian or even Castilian medicine. Yet, as our three authors composed their works in chronological and geographical proximity and in apparent independence of each other, we might cautiously suggest a phenomenon particular to the region. Building on Beaujouan and García-Ballester's analysis of the conditions in which Iberian medicine developed, I propose two factors that may have contributed to the cultivation of a medicine with such a pronounced Christian

79 *Ibid.* fol. 142r.

character. First, in the face of growing religious tensions, the multi-cultural and multi-religious “medical market” signalled medicine as a religiously suspect area. The authors might have felt, therefore, a need to emphasize their Christian belonging. The incentive to do so was perhaps even stronger for Juan and Alfonso, who may have wished to distance themselves from their Jewish past. Second, the absence of a strong university system likely meant that the authors did not have a rigid tradition of argumentation within which they were obliged to situate themselves. Such advantage of a wider range of expression resulting from being at the periphery of learned production (or at least in a place of secondary importance) has been proposed in other cases and calls for more extensive research on the topic.⁸⁰ In our case, this freedom was further gained through the use of a vernacular language that promised the authors a local readership that was perhaps learned but not scholastic. However, while our authors may not have been indebted to scholarly conventions, cultural expectations could have been no less formative in directing their treatment of emotions. Agents in their society, these physicians participated in transmitting its agendas. Looking further into the Castilian cultural environment and the discourse of emotions it shaped, our authors are revealed as vehicles for furthering a didactic mission that was the prime concern of the region’s learned milieu, that is, promoting a Christian penitential society.

The Penitential *Corpus Mysticum*

Confessing Sin

In his long *confesionario* Don Pedro inserted several chapters on the *çiençia para beujr honestamente*, which offers instructions on proper living. Here, readers are advised to understand the *cosas corporales* alongside the *cosas spirituales*. This knowledge was meant to teach the clerics how to distinguish the fearful, the devout, and the religious for the purpose of guiding their flock, but also to help the clerics themselves lead a measured life. Reiterating the benefits

80 Charles de Miramon raised this suggestion as a possible explanation for the rising interest in natural philosophy among theologians working in such centres as Bologna and Hereford. Maaïke van der Lugt proposed it might explain also the writings of Urso of Salerno. See van der Lugt, “The Learned Physician,” 331; Charles de Miramon, “Innocent III, Huguccio de Ferrare et Hubert de Pirovano. Droit canonique, théologie et philosophie à Bologne dans les années 1180,” in *Medieval Foundations of the Western Legal Tradition: A Tribute to Kenneth Pennington*, ed. W.P. Muller and M.E. Sommar (Washington, D.C.: Catholic University Press of America, 2006), 320–346.

of this knowledge and its complementarity with religious learning, Don Pedro tackles such issues as food and sleep, and devotes long sections to the value of silence. For example, proper digestion requires the avoidance of sadness while eating, which is advice that may rely on medical thought. Such medical considerations are apparent also in his chapters on the vices and virtues, where we hear much about the physical manifestations of the various emotional states. Envy, for example, is said to colour yellow the faces of those who experience it, making their bones tremble and their teeth shake. When this sinful state of envy reaches the bones it is difficult to heal, it as it is like ardent fire that cannot be extinguished from the heart.⁸¹ The admonition against anger includes the comment that the emotion can shorten one's life.⁸²

The examples collected by Maureen Flynn for sixteenth-century Spain suggest that moralists and authors of confessors' manuals of this later period as well came to regard the bodily manifestation of emotions and to develop nuanced advice that considered its urges and needs.⁸³ Though the material echoes the materials of Don Pedro (and other medieval theologians mentioned in previous chapters) they also help us to see the singularity of his approach, which does not hold fast to a philosophical "rational" tradition of the science of the soul. That Don Pedro was interested in science is known from his patronage of Estéfano and Juan and from the books he acquired.⁸⁴ The *confesionario* further displays his coupling of this knowledge with devout contemplation.⁸⁵

81 "Quando mas bien le fuere et mas trestiere en onrra tanto aquel que la ha mas se enciende et arde ca versa que se le rostra la fabla et la vista et fase le rostro ameriello lo hecos le treme et los dientes estriden dise malas palabras et las manos tiene prestas para faser mal. et maguer que la mano non renga cuchillo tiene odio el qual la su mano es armada a mal fasee [...] La envidia ess podreamento elos huesos es otro sy vistidura podrida que non se puede sanar. Et assy deste pecado es muy dificile de sanar por que es asy como el fuego de alegue?rran que arde en el agua et despoes que ocupa el coracon de alguno non es mal que non faga se." Madrid, Biblioteca Nacional, MS 9299, fol. 85.

82 "Otro s yes grave porque es dannoso a aquel mesmo en que es la sanna primero al cuerpo, en el eclesiastico se lee La sanna mengua los dias et es dannosa a los bienes." *Ibid.*, fol. 72v. He refers here to Ecclesiasticus 30:24.

83 Maureen Flynn, "Taming Anger's Daughters: New Treatment for Emotional Problems in Renaissance Spain," *Renaissance Quarterly* 51:3 (1998): 864–886.

84 Don Pedro also donated books to found a library in the Cathedral. See María del Carmen Álvarez Márquez, *Manuscritos localizados de Pedro Gómez Barroso y Juan de Cervantes, arzobispos de Sevilla* (Sevilla: Servicio de Publicaciones, Universidad de Alcalá, 1999).

85 As Peregrine Horden and Angela Montford have shown, dietary rules and other instructions pertaining to physical regimen were incorporated in monasteries and hospitals. Peregrine Horden, "A Non-Natural Environment: Medicine without Doctors and the Medieval European Hospital," in *The Medieval Hospital and Medical Practice*, ed. Barbara

Nevertheless, his interest in the regimen of life is more spiritual and less cognitive, directed only at maintaining a highly devout community. Hence, apart from the digestive aspect, one's emotional state when dining is said to be important to prevent falling into the sin of gluttony.⁸⁶ Emotions are thus primarily considered as spiritual states, with reference to their physical components partly an acknowledgment of the body as an extension of the living soul. No less, it is included to convey the gravity of a certain bad behaviour. For Don Pedro, after all, the state of the mind, its examination and judgment, is the true science of life: "*Deve estudiar cada dia et examinar et judgarlas sus cogitaciones e las sus fablas et todas las sus obras*" (everyday one should examine and judge their thoughts and their words and all they do).⁸⁷

Don Pedro's treatise was written with his immediate community in mind; a community that also served the wider public's spiritual care.⁸⁸ He was not the only one to write a manual in Castilian for local use; alongside translations from Latin, there was a growing market for vernacular manuals.⁸⁹ A number of succinct treatises are interpolated in the records of synods; these usually contain a short definition of a sin and several basic questions by which the confessor should recognize the sins of the penitents.⁹⁰ Elaborating this format and comparable to the great Latin *summae confessorum* is the quite influential and enormous text attributed to a certain Martín Pérez, who was most probably

S. Bowers (Aldershot: Ashgate, 2007), 133–146; Angela Montford, *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries* (Aldershot: Ashgate, 2004), 49–52.

86 "Otro si conviene saber que non devemos tener tal cara despues de comer como en ante ca ante de comer. Conviene que pareseramos mas alegres por que la natura astinetia non paresta que nos fase tristes et pesados mas despues de comer devemos ser mas callados et mas mesurados por que non paresta que el comer et el beber nos estalento et nos desperto a fablar por el pecado dela garganeria." Madrid, Biblioteca Nacional, MS 9299, fol. 118r.

87 *Ibid.*, fol. 122r.

88 Apart from the choice of language, there are several references to the daily life of Seville of the period which reveal an expectation on behalf of the author that his readers would share this local knowledge.

89 José Sánchez Herrero, "La literatura catequética en la Península Ibérica," 1051–1117.

90 A list of those can be seen in *Ibid.*, 1054–1067. Consider the following from the 1410 synod in Salamanca: "Enbidia es quando al ome pesa del bien de su proximo. Cerca desta puedes demandar si ha malquerencia a alguno o si murmur contra alguna persona; item, si con enbidia le polgo del mal de lguno o le peso del bien; si desenfamo alguno, o si le polgo de ynfamia de alguno o si senbro discordias entre algunos." Antonio García y García, *Synodicon Hispanum: IV Ciudad Rodrigo, Salamanca y Zamora* (Madrid: Biblioteca de autores cristianos, 1987), 214.

a cleric, though we know little else about him.⁹¹ This text—the *Libro de las confesiones* (c. 1316)—has a different tone entirely, as it was meant as a guide in canon law and is therefore concerned primarily with the legal discernment of sin.⁹² This orientation is seen in the sections on the capital sins, in which lists of questions are cited along with suggestions on the selection of devotional tools aimed at avoiding these sins (the articles of faith, credo and *pater noster*, etc.).⁹³ These elaborate questions are themselves didactic in that they establish what is and what is not illicit and in that they identify proper moral actions; nevertheless, their negative thrust dampens any portrayal of an ideal devout “emotional style.”

Another common method for teaching penance is found in the confessional manuals of Bartolomé Talayero, who in 1474 wrote a treatise at the behest of the Aragonese Mosén Ferrer de la Nuça, or in a different guise in a short, anonymous *Tratado de Confesión* that belonged to don Pedro Fernández de Velasco, count of Haro.⁹⁴ Both lay out a brief and very schematic description of each

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- 91 Martín Pérez, *Libro de las confesiones*, ed. Antonio García y García, Bernardo Alonso Rodríguez, and Francisco Cantelar Rodríguez (Madrid: Biblioteca de autores cristianos, 2002), xxvi–xxvii.
- 92 This disparity falls in line with the distinction often noted between the legalistic earlier manuals and the later more theologically inclined texts. Pierre Michaud-Quantin, *Sommes de casuistique et manuels de confession au Moyen Âge* (Louvain: Editions Nauwelaerts, 1962), 36–51; José María Soto Rábanos, “Derecho canónico y praxis pastoral en la España bajomedieval,” in *Proceedings of the Sixth International Congress of Medieval Canon Law, Berkeley, California, 28 July–2 August 1980*, ed. Stephan Kuttner and Kenneth Pennington (Vatican: Biblioteca apostolica vaticana, 1985), 595–617.
- 93 Martín Pérez, *Libro de las confesiones*, xxx. The influential Castilian manual, written in mid-fifteenth century by Alfonso Madrigal “el tostado,” shows another variation in providing a long and detailed chapter on each of the sins, explaining more intricately the impetus to sin and the diverse ways of sinning. See for example Alfonso Madrigal’s treatment of envy: “La setima manera es desesperacion que alguno tanto se puede entristecer con embidia delos bienes de otro qua non pudiendo sufrir la tristura se desespera et aun se mate. La octava manera es rancor et malquerencia quando alguno mala voluntad tiene a otro et no gela demuestra en las obras ni en las palabras.” Alfonso Madrigal, *Confesional del Tostado* (Burgos, 1500), fol. 20v.
- 94 Madrid, Biblioteca Nacional, MS 10571; Madrid, Biblioteca Nacional, MS 9535. The latter was also described and transcribed in a series of articles: “El Libro de confesión de Medina de Pomar (I),” ed. Hugo Ó. Bizzarri and Carlos N. Sainz de la Maza, *Dicenda: Cuadernos de Filología Hispánica* 11 (1993): 35–55; “El Libro de confesión de Medina de Pomar (II),” ed. Bizzarri and Sainz de la Maza, *Dicenda: Cuadernos de Filología Hispánica* 12 (1994): 19–36; “El Libro de confesión de Medina de Pomar (III),” ed. Bizzarri and Sainz de la Maza, *Dicenda: Cuadernos de Filología Hispánica* 13 (1995): 25–37; “El Libro de confesión de

sin, indicating its various manifestations. Despite the legalistic language used in their accounts of the sins, such texts may have been used for private contemplation and as preparation for taking the sacrament. In particular this may be seen in the *Tratado*'s use of the repeated form "about the sin of accidia, I say to God, I am guilty," and in the exempla appearing in the last pages.⁹⁵ Following Anne M. Scott's study of Robert Mannyng's *Handlyng Synne*, these exempla should be considered as means of eliciting emotional response and engrossing the readers in the moral teachings on the deadly sins.⁹⁶ Thus, though the tone shifts from text to text, and perhaps also in the degree of agency it aims to foster in the reader, these manuals are part of a culture deeply invested in disseminating the idea of penance.

In his survey of Iberian sermons, Manuel Ambrosio Sánchez Sánchez stated that the "basic subject [...] of all peninsular preaching in general, is penitence," in which the idea of penance as a way of life is disseminated.⁹⁷ He further argues that as a result of the dire lack of educated priests in the region, vernacular sermons mostly engaged with the most basic concepts of church adherence instead of delving into more complex aspects of doctrine. Daniel Baloup adds another perspective to the preoccupation with penance in drawing attention to the fact that alongside the dramatic activity of the prolific and influential Vincent Ferrer, more private methods of contemplating his ideas were widespread by the fifteenth century.⁹⁸ Baloup mentions literary sources of the time, such as Juan Ruiz's *Libro de Buen Amor* as another conduit of the themes of penance. This seems to have been an important tool indeed, for in addition to the works that specifically addressed vice and virtue, which seem to have been relatively few,⁹⁹ the text would bring them up either overtly as the

Medina de Pomar (iv)," ed. Bizzarri and Sainz de la Maza, *Dicenda: Cuadernos de Filología Hispánica* 14 (1996): 47–58.

- 95 "Del pecado del accidia, digo a dios mi culpa," in Madrid, Biblioteca Nacional, MS 9535, fol. 17r.
- 96 Anne M. Scott, "The Role of Exempla in Educating through Emotion: The Deadly Sin of 'lechery' in Robert Mannyng's *Handlyng Synne* (1303–1317)," in *Authority, Gender and Emotions in Late Medieval and Early Modern England*, ed. Susan Broomhall (Hampshire: Palgrave Macmillan, 2015), 34–50.
- 97 Manuel Ambrosio Sánchez Sánchez, "Vernacular Preaching in Spanish, Portuguese and Catalan," in *The Sermon*, ed. Beverly Mayne Kienzle, *Typologie des sources du Moyen Âge occidental*, 81–83 (Turnhout: Brepols, 2000), 767.
- 98 Daniel Baloup, "L'enseignement et les pratiques du salut en Castille au xve siècle," in *L'enseignement religieux dans la Couronne de Castille: Incidences spirituelles et sociales (xiii^e–xve siècle)*, ed. Daniel Baloup (Madrid: Casa Velázquez, 2003), 103–123, esp. 117–118.
- 99 Richard Newhauser, *The Treatise on Vices*, 137–138.

main topic of the work, or in a more roundabout manner. As Michael Hammer has shown in his analysis of Madrid, BN, MS 4,236, the paths of educating for vice and virtue went beyond the production of generic treatises on the topic. The theme was prevalent in various sources and could be highlighted either through the cumulative references or by its proximity to a “professional” text on moral theology.¹⁰⁰ He convincingly argues that this moral teaching could be applied to diverse aspects of life. In Madrid, BN, MS 4,236, for example, vice and virtue take on a political guise through association with texts discussing government, or assume a more chivalric tone in a text on noble honour.¹⁰¹ The works of Fernán Pérez de Guzmán (d. 1460?), and the *Dezir a las siete virtudes* attributed to Francisco Imperial, further provided their own elaborations on the possible manifestations of vice and virtue.¹⁰² Poetry was therefore another site for transmitting notions of devotion and diffusing penitential culture.

The propagation of penitential thought was not specific to Castile or to Iberia; indeed it was deeply rooted in works produced in Latin (and Italian) in the period. The notion of vice and virtue has even been appropriated by Hebrew scholars in the Midi and in Iberia.¹⁰³ And yet, as Daniel Baloup has rightly noted, there is a strong sense in this local literature that endorses a society that is organized and unified through its shared striving for penance. No less than redemptive, penance became for this society a cohesive power. While in her recent work Cynthia Robinson has shown that visual motifs of devotion transferred across the three Abrahamic faiths, lending themselves at times as polemical materials, the penitential literature seems to be more divisive.¹⁰⁴ Despite the above-mentioned attempts to incorporate the moral language in Hebrew works, the penitential ideal by its nature excluded Jews and Muslims. It therefore served as a natural basis for the identification of a Castilian and to

100 Michael Hammer, “Treating of Virtue: Intertextuality in a Fifteenth-Century Spanish Miscellany,” *Viator* 40:2 (2009): 349–366.

101 *Ibid.*, 361.

102 Andrew M. Beresford, “The Poetry of Medieval Spain,” in *The Cambridge History of Spanish Literature*, ed. David T. Gies (Cambridge: Cambridge University Press, 2004), 89–90.

103 Ram Ben Shalom, “The First Jewish Work on the Seven Deadly Sins and the Four Virtues,” *Mediaeval Studies* 75 (2013): 205–270.

104 Cynthia Robinson, *Imagining the Passion in a Multi-Confessional Castile: The Virgin, Christ, Devotions and Images in the Fourteenth and Fifteenth Centuries* (Philadelphia: Penn State University Press, 2013); eadem, “Trees of Love, Trees of Knowledge: Toward the Definition of a Cross-Confessional Current in Late-Medieval Iberian Spirituality,” *Medieval Encounters* 12:3 (2006): 388–435.

a degree, Iberian, Christian community. As such, it may be considered a central element in the effort to constitute a Castilian *corpus mysticum*.¹⁰⁵

Seen through this lens, the medical treatises explored above in fact took part in the cultural production of the community. By incorporating notions of vice and virtue and the language of penance and sin into their chapters on the accidents of the soul, the authors reflect the subjugation of medical thought concerning the emotions to religious terminology, but they also functioned themselves as emissaries in the catechistic endeavour. In this respect, physicians joined the mission to unify Castilian *corpus mysticum*.

Emotions in Late Medieval Iberia

Around 1438 King Duarte of Portugal (r. 1433–1438) composed the *Leal Conselhiero*, a treatise that portrays well the close-knit relationship presumed in the period between moral teaching and health.¹⁰⁶ The treatise was written in the vice and virtue format, following the eight-fold division of John Cassian, which allowed for long chapters dedicated to *tristeza* (chs. 18–25). In these chapters he diverged from a general moral tone into a private one, recalling his own history of melancholy and the spiritual remedies he took upon himself to bring about his healing.¹⁰⁷ The work is therefore a localized moral treatise, which includes

105 *Ibid.*, n. 96. This desire to strengthen Castilian identity is also evident in the emphasis laid on the sexual segregation of Jews and Christians, studied by David Nirenberg. His argument that social and religious Iberian identity was formulated against the Jewish community and the need to distinguish the two societies is of course apparent in the medical treatises, though the penitential ideal centres attention to the inner Christian society. See David Nirenberg, *Neighboring Faiths: Christianity, Islam, and Judaism in the Middle Ages and Today* (Chicago: The University of Chicago Press, 2004), 105–110.

106 The work survived in one Parisian manuscript and has been edited a number of times. I consulted the following digital edition: <http://digital.library.wisc.edu/1711.dl/IbrAmerTxt>. *Leal Consel.* On the influence of the *regimen sanitatis* genre, see Iona McCleery, “Wine, Women and Song? Diet and Regimen for Royal Well-Being (King Duarte of Portugal, 1433–1438),” in *Mental (Dis)order in Later Medieval Europe*, ed. Sari Katajala-Peltomaa and Susanna Niiranen (Leiden: Brill, 2014), 177–196.

107 Iona McCleery contextualized well his discourse of melancholy and argued against the retrospective diagnosis of the author as suffering from depressive hypochondria and the general dismissive tone in which the work was treated in historiographic analysis. Her article also traces the intellectual upbringing that sponsored Duarte’s understanding of melancholy within a devout framework. Iona McCleery, “Both ‘Illness and Temptation of the Enemy’: Melancholy, the Medieval Patient and the Writings of King Duarte of Portugal (r. 1433–38),” *Journal of Medieval Iberian Studies* 1:2 (2009): 163–178.

examples from Duarte's reign as well as reflections on his life and moods. As such it is a fine example of the way the framework of penitential thought was diffused into diverse aspects of life in Iberia of the period. But Duarte's work is also interesting in the way it frames the notion of sin. It employs a wide range of emotion-words which are discussed primarily in a personalized manner and only towards the end of the treatise in a general-traditional form (chs. 63, 65). This is particularly evident in the case of sorrow but also in the subdivisions of anger and sorrow, the chapter devoted to hatred, and the chapters on love.¹⁰⁸ The intimate manner in which the sins are explained suggests that they are used not only to signify moral (and spiritual) judgement but as tools for mental engagement with one's well-being.

This subtle transformation in the discourse of vice, which echoes Don Pedro's *confesionario*, highlights a possible shift that may be gleaned from the treatment of the accidents of the soul in the medical treatises we have seen. Alongside the vocalization of the catechistic mission of Castile of the period, these works point to a certain emotional culture in which all manifestations of emotions, be they physical or political, are structured as religious emotions. These emotions had not necessarily become spiritualized; rather, the spiritual language of emotions dominated and subsumed all learned forms of writing on the topic. A secularization of the idea of vice, virtue and penance as a common language for all matters of the soul might even be suggested. This inquiry requires further research into the history of Castilian emotions, a field that is still very much in its infancy.

108 See, for e.g., the lists McCleery provides: *Ibid.*, 164.

Mourning and Melancholy and the Boundaries of Sorrow in 15th-Century Italy

But never should a prudent, or strong, man be lost by such death, since the prudent man knows that this which we call our life, is to lose and die, and that this world is a turbid and dark labyrinth full of dangerous snares; instead the prudent man harnesses the poisonous flatteries and the passions and spirits by force of the intellect.

WROCLAW, *Biblioteka Uniwersytecka we Wrocławiu*, MS III Q 19, fol. 107r.¹



This warning against grief-driven despair appears in the popular regimen *De conservatione sanitatis* written by the physician Benedetto Reguardati da Norcia (1398–1469). Benedetto was an active court physician in the service of Francesco Sforza and among his patients were several of the Medici clan. This regimen, written c. 1435, was dedicated to the then-archbishop of Benevento, Astorgio Agnesi (1391–1451) later elected as cardinal.² It is a long treatise modeled after the earlier works of the fourteenth-century regimen of Barnabas da Reggio, with the bulk of the work dedicated to foodstuffs.³ But where his predecessor sufficed in discussing sorrow and anger, perhaps following the model of Arnau de Vilanova, Benedetto took liberty to expand the chapter dramatically.⁴ The chapter on the accidents of the soul is not only lengthy, it features

1 “Sed nunquam tali morte prudentem aut fortem uirum contingit interire; nam cum prudens nouerit hanc nostram quam uitam dicimus interire et mortem esse, et mundum hunc turbidum et tenebrosus labyrinthum caribdinosis laqueis plenum esse uenenosisque blandiciis intellectiuo imperio passionibus et spiritibus frenum ponet.” Other versions of the text have *caribdinosis aqueis* instead of *laqueis*, that is, filled with dangerous waters.

2 Juliana Hill Cotton, “Benedetto Reguardati of Nursia (1398–1469),” *Medical History* 13:2 (1969): 175–189.

3 Idem, “Benedetto Reguardati: Author of Ugo Benzi’s *Tractato de la conservatione de la sanitate*,” *Medical History* 12:1 (1968): 76–83; Marilyn Nicoud, “L’adaptation du discours diététique aux pratiques alimentaires: l’exemple de Barnabas de Reggio,” *Mélanges de l’École française de Rome. Moyen Âge* 107 (1995): 207–231.

4 Edinburgh, University Library, MS 175, fol. 108v.

an extensive list of emotions, including some rarely found in medical texts. Each emotion is then discussed in a short paragraph, where its influence on the body is noted, with a line or two on how to avert it, or in the case of beneficial emotions, how to induce it. The epigraph to this chapter follows a section on the dangers of sudden and intense joy. Immoderate joy was thought harmful since the rapid movement of heat it produced could cause heart failure. This medical data is seasoned with two exempla taken from classic authors: one of Chilon of Sparta who died when his son won a contest in the Olympic games and another, told in Livius's *The History of Rome*, the story of an anonymous mother who died from excessive joy when her son, previously taken for dead, returned home from battle.⁵ These anecdotes point to the humanistic strain in Benedetto's thought. It is precisely this inclination that glimmers brightly in the author's consideration of grief.

Before delving deeper into Benedetto's short but telling remark on the management of grief, let us zoom out to the broader questions of the treatment of emotions in *De Conservazione sanitatis*, which highlights a current in medical literature of fifteenth-century northern Italy. The productive group of physicians working in the wealthy communes of Padua, Bologna, Florence, Ferrara, and Siena in the period has received a great deal of scholarly attention. Alongside studies devoted to the life and work of individuals, there has been much work dedicated to the "systems" of medical care and medical education and to the written works they left.⁶ The picture that emerges from these studies is of an elite group of learned men, closely knit through family, teachers, and patrons. In terms of their written production, this close community made its mark in the development of the medical genre of the *consilia* that, despite having some parallels outside the Italian environs, was very much a local invention. Additionally, almost all the figures discussed here studied in Italian universities and shared a medical and philosophical education. As in their successful careers, many of them served the ruling families of the age and

5 The story of Chilon is mentioned by several authors including Pliny, *Natural History* 7.32.119. The second story appears in Livy, *History of Rome*, v, trans. B.O. Foster (Cambridge, MA: Harvard University Press, 1929), 22:7.

6 The literature is too vast to detail here. Among the many valuable studies on fifteenth-century physicians, see *inter alia*: D.P. Lockwood, *Ugo Benzi, Medieval Philosopher and Physician 1376–1439* (Chicago: University of Chicago Press, 1951); Henri-Maxime Ferrari, *Une chaire de médecine au 15e siècle: un professeur à l'Université de Pavie de 1432 à 1472* (Genève: Slatkine-Megariotis Reprints, 1977); Chiara Crisciani and Gabriella Zuccolin, eds., *Michele Savonarola: medicina e cultura di corte* (Florence: SISMEL, 2011). On the period's system of the medical professions and education, see Katharine Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton, NJ: Princeton University Press, 1985); Nancy G. Siraisi, *Medicine and the Italian Universities, 1200–1600* (Leiden: Brill, 2001); Jole Agrimi and Chiara Crisciani, *Edocere medicos: medicina scolastica nei XIII–XV* (Naples: guerin e Associati, 1988).

were acculturated into the life of the courts where they were no longer “just” physicians but part of the learned circle around the courts.⁷ These communal traits have allowed scholars to arrive at some conclusions about the character of the learned medical profession in Italy of the fifteenth century. In this respect, Nancy G. Siraisi’s argument that late medieval medicine focused on the individual because of an increasing humanist interest in the surrounding culture is highly germane.⁸ The growing literature dealing with medical *consilia*, case studies, and *experientia* literature further supports her position.⁹ These show that the physicians of the period were interested in specific cases and not only in the generalities of texts produced in the ancient and more recent past. Chiara Crisciani, for her part, has argued that physicians to the ruling families showed a developing interest in providing general moral education that coincides well with the well-being care the regimen of the six non-naturals provides.¹⁰ Honing in on emotions and on grief in particular allows us to grasp how the nexus of learned medicine, humanism, courtly patronage, and pastoral care impacted on specific issues, and thus how this quadripartite relation modified medicine itself.

The literature of learned medicine composed in the period reveals a shift in the discourse of emotions that is apparent in words, conceptualizations, and treatment. The advice on grief included in our medical tract, for instance, indicates a change in the treatment of emotions in the period. While there are a few short precedents, Benedetto’s words express an ethical view with unusual clarity. He addresses a non-traditional medical emotion in a non-medical manner, appealing to the reader/patient’s reason and moral inclinations. We are witnessing here signs of a new discourse of emotions that emerged among fifteenth-century north Italian physicians.

7 See the work of Marilyn Nicoud on the topic: Elisa Andretta and Marilyn Nicoud, eds., *Être médecin à la cour: France, Italie, Espagne, XIII^e–XVIII^e siècle* (Florence: SISMEL 2013), and more recently Marilyn Nicoud, *Le prince et les médecins: Pensée et pratiques médicales à Milan (1402–1476)* (Rome: École française de Rome, 2014).

8 Nancy G. Siraisi, “L’ ‘individuale’ nella medicina tra medioevo e umanesimo: I ‘casi clinici,’” in *Umanesimo e medicina: Il problema dell’ ‘individuale,’* ed. Roberto Cardini and Mariangela Regoliosi (Rome: Bulzoni, 1996), 33–62; see also, in the same collection, Chiara Crisciani’s, “L’ *individuale* nella medicina tra medioevo e umanesimo: I *Consilia*,” 1–32. See also Siraisi, *Medicine and the Italian*, 226.

9 Gianna Pomata and Nancy G. Siraisi, eds. *Historia: Empiricism and Erudition in Early Modern Europe* (Cambridge, Mass.: MIT Press, 2005); Gianna Pomata, “Sharing Cases: The *Observationes* in Early Modern Medicine,” *Early Science and Medicine* 15 (2010): 193–236.

10 Chiara Crisciani, “Éthique des *consilia* et de la consultation: à propos de la cohésion morale de la profession médicale (XIII^e–XIV^e siècles),” trans. Marilyn Nicoud, *Médiévales* 46 (2004): 23–44; eadem, “Histories, Stories, *Exempla*, and Anecdotes: Michele Savonarola from Latin to Vernacular,” in *Historia*, ed. Pomata and Siraisi, 297–304.

The treatment of grief and sorrow in the sources reveals the most blatant move towards moralization. The medical texts and related literature that might have influenced them reveal how the discourse of emotions provided grounds for learned physicians active in fifteenth-century northern Italy to express their skill not merely in the medicine of the body but also in the care of the soul. Noting instances that veer away from medical discourse, or insert comments and ideas that are not directly related to medicine, the inclusive approach these texts express can be considered as part of a cultural and social statement that sheds light both on the professional position of physicians and on the discourse of emotions in contemporary Italy. Furthermore, as a number of sources touch on the topics relevant to melancholy, this evidence colors our understanding of the history of this famous disease in the later Middle Ages.

To be sure, it is not accidental that grief and sorrow were the emotions in the foci of change. The two were central among a cluster that was considered notably unhealthy and a mark of melancholic imbalance. This association dates at least to the Hippocratic *aphorism* 6:23 that states that prolonged fear and sorrow (or despondency, as some translations have it) indicate that the patient is suffering from melancholy.¹¹ With this very general statement as a guide, the definition of melancholic illnesses in medieval medicine was somewhat flexible, aggregating under its name a number of symptoms that would be understood in the modern western world as signs of diverse mental illnesses. In catalogues of illnesses, such as those found in the *practica* produced by university men, these states would appear in the section on head maladies, and their analysis will review humoural complexion, movement of spirits, and harmed nerves.¹² Central to the different categories of melancholy was emotional instability and behaviour that exceeded common norms. Unexplained sadness, irrational fear, and quick and fiery anger were key symptoms for differential diagnosis. Other *accidentia anime* were also affected—false visions could appear and cognitive faculties could be altered, usually in a distorted way but sometimes imparting to the diseased extraordinary genius.¹³ Irregular behaviour was noted as well, with symptoms such as desiring solitude, raving like an animal, or behaving promiscuously.

11 Hippocrates, *Hippocratic Writings*, ed. G.E.R. Lloyd, trans. J. Chadwick and W.N. Mann et al. (London: Penguin Books, 1978 repr. 1983), 6:23, 227.

12 Luke E. Demaitre, *Medieval Medicine: The Art of Healing from Head to Toe* (Santa Barbara: Praeger, 2013), 133–140.

13 Noel L. Brann, *The Debate over the Origin of Genius during the Italian Renaissance* (Leiden: Brill, 2002), 18–22.

Accounts of the disease and of similar maladies, such as *amor hereo*, *mania*, and frenzy were offered by every medical author of the university milieu who composed “head to toe” compendia of medical problems or dedicated treatises on the topic (Arnau de Vilanova’s *de amor hereos* comes to mind).¹⁴ In these, despite the dubious nature of the behaviour of some patients (it was reported that some would see the devil or demons and think they themselves were divine or damned figures while others in their madness would present illicit sexual behaviour) and the irrationality of the symptoms, melancholy and mental illness in general were discussed in a naturalistic tone, up to the late sixteenth century. Elucidating this Galenic style, Erik Midelfort wrote of the German physician Lorenz Fries (1490?–1531): “with all the confidence of a systematician, Fries provided humoral and herbal prescriptions for all of these serious disorders. Even when dealing with sexual complaints, Fries scrupulously avoided moralizing comment and contented himself with adjusting the patient’s bodily fluids.”¹⁵ Midelfort detected a similar morally neutral tone in the sixteenth-century *consilia* of German provenance.¹⁶ This stream of medical literature about melancholy saw the disease as one that should be treated by herbal remedies, bloodletting, and a warming and comforting regimen. Extra-medical forms of therapy, such as magic, charms, and supplications to saints were available to sufferers. But although these are documented in sources such as miracle inquisitions and exempla, the literature of learned medicine preferred to handle such illnesses with their traditional tools.¹⁷ With respect to the care of the accidents of the soul, from the earliest *consilia* on, the basic advice was to encourage pleasant activity and joy and to avoid solitude. Such customary advice appears, for example, in Taddeo Alderotti’s general recommendation for melancholic complexion to refrain from anger, worries, and

14 Demaitre, *Medieval Medicine*; Arnaldus de Villanova, *Tractatus de amore heroico. Epistola de dosi tyriacalium medicinarum*, ed. Michael R. McVaugh, *AVOMO* III (Barcelona: Seminarium Historiae Medicae Cantabrigiae, 1985).

15 Erik Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford: Stanford University Press, 1999), 145.

16 *Ibid.*, 168.

17 See, for example, the stories included in Barbara Newman, “Possessed by the Spirit: Devout Women, Demoniacs, and the Apostolic Life in the Thirteenth Century,” *Speculum* 73:3 (1998): 733–770; Michael Goodich, “Microhistory and the Inquisitions into the Life and Miracles of Philip of Bourges and Thomas of Hereford,” in *Medieval Narrative Sources: A Gateway into the Medieval Mind*, ed. Werner Verbenke, Ludo Mils, and Jean Goossens (Leuven: Leuven University Press, 2005), 91–106.

sorrow, and Guglielmo da Brescia's advice to eschew anger, envy, fear, wrath, sorrow, and worries, and, conversely, to entertain tempered joyful passions.¹⁸

There was hence a long-standing medical tradition of approaching melancholy and episodes of extreme sadness through a naturalist prism. This tradition held its ground, it seems, at least until the seventeenth century. And yet, as numerous studies inform us, the sixteenth century on saw a growing interest in melancholy and in melancholic humours as a cultural theme. Historical narratives of the "age of melancholy" focus on the sixteenth century and the pre-modern world. Although Marsilio Ficino is often considered a forerunner of the phenomenon, he is seen as an aberration within early renaissance musing with such ideas. Materials found within *consilia* and *regimina* suggest that his innovative ideas can be contextualized within medical discourse, not only in terms of the medical knowledge he presents, but also with regards to his ideas. These fifteenth-century examples, composed by learned medical authors, give us a sense of the ongoing ferment that prompted some physicians to explicit moral and often Christian engagement when addressing melancholic moods.

Unhealthy Mourning

Echoing the tone of consolation literature in vogue in northern Italy of the period, Benedetto advises his readers to maintain a measure of skepticism, if not outright contempt, towards this world and its mishaps, and to combat unruly feelings with stoic-like rationalism. Benedetto justifies this admonition on medical grounds. Despondency in the face of loss can harm the body as sorrow does, that is, not quickly but in a gradual manner, for the spirits are drawn inwards and life is debilitated slowly until diverse sicknesses overcome the body.¹⁹ The notion of unhealthy grief over loss was not entirely new to medical thinking. In terms of the physical manifestation, the slow and inward movement of the emotion seems parallel to sorrow, mentioned already by Galen, rendering grief or mourning as a sub-category of sorrow. But the particular identification of a reaction to loss had also been made.

We first encounter such an identification in a hypothetical situation proposed by Taddeo Alderotti (1223–1295) in his commentary to the *Tegni*.

18 Taddeo Alderotti, *I Consilia*, ed. Giuseppe Michele Nardi (Torino: Minerva Medica, 1937), 148; Guglielmo da Brescia, *Ad unamquamque egritudinem a capite ad pedes practica* (Venice, 1508), fol. 21r.; also see the *consilium* to a melancholic patient in Gentile da Foligno, *Consilia* (Pavia, 1488), Chap. 3, fol. iv.

19 Wrocław, Biblioteka Uniwersytecka we Wrocławiu, MS III Q 19, fols. 107v–108r.

Defending the right of physicians to treat emotions for the sake of physical health, Taddeo adduces the biblical figure Job as proof that an excess of emotions such as sorrow, albeit natural, might injure the body. According to Taddeo, Job's sorrow was in proportion to his dire reality, the loss of his sons and fortune. Nonetheless, the physician maintained that such great sorrow is harmful to health, and if Job had wished to preserve his well-being he should have found a way to counter his sorrow.²⁰ Taddeo's clever medical reference to Job makes use of the Christian archetype of human resolution and faith in the face of adversity (particularly that of the loss of children). Even Job, he implied, would have benefited from medical information about balance and temperance, for even his celebrated and virtuous response to tribulations was not free from the dangers of excess sorrow. In a staunch claim on behalf of medical care for the bereaved, Taddeo goes on to note that the danger posed by emotions is even more acute for those with more choleric or melancholic complexions. To mitigate the power of emotions, he declared it necessary to restore reason through the health of the body and the soul, either as a precautionary measure or as a remedy. He explains:

If someone has his dearest son die on him, this is indeed a cause of great sadness, therefore the guardian physician should beware lest the father should know of his [son's] death and indeed, when he is bound to know, the physician wishing to protect him needs to urge him that if he grieves excessively he may fall into a sin of the soul and to an illness of the body.²¹

That Taddeo's case was hypothetical is important. Though he recommends admonishing patients that they might be sinful, there is no evidence that Taddeo did so in his actual work. In fact throughout the next century we have no practical examples of the kind, though diagnoses of ill health that originates in grief do exist. One such case appears in a short *consilium* by Giovanni da Genoa (Johannes de Janua), who practised medicine in Venice and was most probably

20 Taddeo Alderotti, *Commentum in microtegni* (Naples, 1522), fol. 162v: "Sed quia ipsum in se est superflua quantitas, ita quos habet virtutem concitare ad superfluum motum spiritus et caloris, verbi gratia ponatur quod homo optime compositionis habeat omnia tristabilia in pecunia, persona et filiis que habuit Iob. Dico quod ipse tristabitur proportionate quantitate illius nocumenti nihilominus si deberet conservari oporteret quod tam grandi tristitie opponeretur."

21 "Si alicui mortuus sit optimus filius, hoc quidem est grande tristabile, deberet igitur medicus conservator procurare, ne pater sciret mortem eius: et etiam dato quod sciret, debet ipse qui vult se conservare sibi suadere quoniam si nimius tristaretur posset cadere in vitium anime et egritudinem corporis." *Ibid.*

also a physician and surgeon to Pope Clement VI in the mid-fourteenth century.²² Giovanni diagnosed his patient, identified only as a nobleman, as suffering from *melancolia mirachia* (abdominal melancholy). His symptoms were typical of melancholy: he was fearful and worried and had lost weight. The “primitive” causes of his state were described as worries, fears, and sorrow over the death of his parents.²³ Being orphaned was thus a recognized cause of melancholy. Despite Giovanni’s affirmation of the emotional cause of the onset of his patient’s illness, his *consilium* goes on to recommend only therapy of the body, with no mention of a regimen for the accidents of the soul.

Another case that might hint that loss contributed to a melancholic state appears in the *consilia* collection of Gerardo de Berneriis (*fl.* 1450). A patient who had had several miscarriages was prescribed a regimen and treatment to prevent melancholy. Here too, apart from advice not to leave her alone, no direct reference is made to the possibility of her being in a state of grieving.²⁴ Other cases dealing with miscarriage allude both to grief and to a state of sorrow following childbirth.²⁵ In one such case, found in Bartolomeo Montagnana’s *consilia*, the patient, Elizabeth, the wife of Christopher of Muzzano, was reported to have miscarried several times. Bartolomeo noted that finding a cure for this woman was important in order to undo the great unhappiness (“infelicitatem tantam”) brought on by her multiple miscarriages. Among the many possible causes for the woman’s predicament, Bartolomeo put forth her anger, wrath,

22 There is scarce detail on the identity of the *consilium*’s author. That he practised medicine in Venice is learned from another *consilium* in the manuscript in which this case is found, but it also seems safe to assume that he was the same Giovanni da Genoa who served as physician to Pope Clement VI. See George Sarton, *Introduction to the History of Science*, 3 vols. (Baltimore: Williams & Wilkins, 1947), III, 245; Ernest Wickersheimer, *Dictionnaire biographique des médecins en France au Moyen Âge* (Geneva: Droz, 1979), 424; William J. Courtenay, *Parisian Scholars in the Early Fourteenth Century: A Social Portrait* (Cambridge: Cambridge University Press, 1999), 176, found documentation for one Johannes de Janua who studied for a degree in medicine during 1329, and later, in 1343, practised as both physician and *sirugicus*.

23 “cause enim primitive fuerunt sollicitudines et timores et tristicie propter mortem parentum.” Munich, Bayerische Staatsbibliothek, MS CLM. 205, fol. 103v.

24 Gerardo de Berneriis, *I Consilia di Gerardo de Berneriis di Alessandria*, ed. Flavio Ballistrasse (Pisa: Giardini, 1970), 31–33.

25 Miscarriage is mostly discussed in a general manner and not with respect to particular patients. For the most pertinent mention to the discussion of grief, see Gilbertus Anglicus, *Compendium medicine* (Lyon, 1510), fol. 308r. See especially the chapter on “pains of the womb after childbirth,” which includes a discussion of the grief and pains that follow premature miscarriage.

and sorrow, all of which drew the spirits towards the heart and brain and away from the womb, leaving it with diminished inner-heat.

All these examples reflect concern for the risks of prolonged and excessive mourning. Nevertheless, while these cases employ medical language and material cures, Benedetto chose to criticize unrestrained grief as imprudent, and essentially immoral. This shift in language is an important signal. Although his treatise was meant for lay readers and the genre of the regimen relied on a broader scheme of handbooks for the ruling elite which celebrated this sort of moralizing remark (such as the popular *secretum secretorum*), it was still rare within the *regimen sanitatis* tradition to find such vividly non-medical comments. Yet in the fifteenth century he was not the only one to do so. The Padua professor Antonio Gazio (1461–1528) noted in his *Florida corona* that lament and sorrow hurt the body by drying it out and causing weight loss. Supporting his medical analysis with quotations from Proverbs 17:22 and Ecclesiasticus 30: 22–24, which speak of the harm sorrow causes to body and soul, Antonio implies that the righteous refrain from these feelings. Moreover, the existence of a contemporaneous *consilium*, recorded by Bartolomeo Montagnana (1380–1452), which treats grief along similar lines encourages viewing the passage in *De conservazione sanitatis* as indicative of a budding change in the approach to grief.

Johannes of Milano—A Grieving Father

Bartolomeo Montagnana was born in 1380 in Padua to a surgeon father. He studied medicine in the Padua *studium* under Marsilio Santasophia, a member of the most famous medical family of the fourteenth century and an affluent physician in his own right. Bartolomeo was awarded his doctorate in medicine in 1402. Soon thereafter he became a teacher of medicine in Padua and a sought-after practitioner who treated the elite of Padua and nearby cities. Among his patients we find high clergy, including Bernardino da Siena, and ruling figures and families such as the Countess of Mirandola and members of the Medici family. His ties to Treviso can be seen in the summons he received in 1425 from the Doge of Treviso requesting that he treat the Count of Carmagnola, Francesco Bussone.²⁶ Bartolomeo was a prolific medical author who wrote chiefly in the area of medical practice; his work includes treatises on remedies, appropriate dosages, baths, the inspection of urines, and medical terminology.

²⁶ Augusto Serena, *La cultura umanistica a Treviso nel secolo decimoquinto* (Venice: R. Deputazione veneta di storia patria, 1912), 27.

His most important contribution, however, was a collection of *consilia*. Bartolomeo's corpus includes about 400 cases, with just over 300 circulating in print as full volumes but many more scattered in manuscripts. To give a sense of Bartolomeo's popularity we only need to glance at the large number of manuscript copies and editions of his work. His *consilia*, for example, was printed in thirteen editions well into the seventeenth century.²⁷

Sometime between 1428 and 1448, a man identified as Johannes of Milano, from the city of Treviso, solicited care from Bartolomeo. The petitioner was suffering an overall deterioration in health that threatened his life. Bartolomeo identified two key symptoms: a cold and noxious head complexion accompanied by phlegmatic matter, and a hot, dry complexion in the stomach. He considered these harmful in and of themselves and possible triggers for further illnesses. Bartolomeo deemed it necessary to treat each problem separately, and consequently addressed the head symptoms first. These, he suggested, had several possible causes, the first of which was the patient's intense "sorrow of the soul" ("tristitia anime") over his daughter's death. An alternative explanation he offered was more material/physical in nature: the patient may have experienced some kind of fierce expulsion of spirits from his head, through either excessive movement in the spirits and humours of the head, or through an extreme effusion of tears. These possibilities were interwoven in Bartolomeo's discussion of his patient's illness and the remedies he proposed, but it is clear he considers the former, namely the father's inordinate grief over the loss of his child the primary cause of his poor health.²⁸

We know almost nothing about Johannes (or Giovanni) of Milano. The information in the *consilium* is too general and his name too common for us to identify him as an historical figure. There is even reason to suspect, in view of Taddeo's hypothetical example mentioned above, that he existed merely as an illustrative patient, a kind of John Doe. However, if this is the case, it is all the more noteworthy that we are told that Johannes held an official position in his city and had been treated previously by the physician, who depicted him as part of the commune's elite. Indeed, Johannes's alleged public persona and position seem to have had considerable impact on the treatment he received

27 Tiziana Pesenti, *Professori e promotori di Medicina nello Studio di Padova dal 1405 al 1509. Repertorio bio-bibliografico* (Padua: LINT, 1984), 141–157; Franco Bacchelli, "Montagnana, Bartolomeo," in *Dizionario Biografico degli Italiani*, 75 (Rome: Istituto della Enciclopedia Italiana, 2011), available online at <[http://www.treccani.it/enciclopedia/bartolomeo-montagnana_\(Dizionario-Biografico\)](http://www.treccani.it/enciclopedia/bartolomeo-montagnana_(Dizionario-Biografico))>.

28 Bartholomaeus Montagnana, *Consilia Montagnane* (Lyon, 1525), fol. 12r. The case also appears in Oxford, All Souls, MS 75, fols. 179r–180v.

and the critical, even condemnatory, manner in which Bartolomeo related to his grief and consequent behaviour.

The physician opened his description of the case in the usual systematic way: with a theoretical analysis of the patient's condition, which, as noted above, describes Johannes as suffering from bad complexion, cold and dry, in the head. While the terminology of his analysis is conservatively medical, Bartolomeo argued that the state of deterioration was caused primarily by vehement passions of the soul, which lessened Johannes's innate heat. He corroborated this thesis by adding:

This man was once accustomed to conducting civil business with a bare head and always acted with reverence and honesty. But now, because of the loss of his daughter, he began to officiate with a covered head, and especially with most vainglorious hoods, as is the custom today.²⁹

This laconic statement reveals more than meets the eye. Its medical relevance is not at all certain; after all, a phlegmatic patient might have benefitted from warming his head. Instead, Bartolomeo introduced social norms and cited his patient's behaviour as evidence of his dire state. The latter sheds light on the way emotions could be perceived in medieval medical practice, in this case not according to the patient's own account of them, but through the physician's observation of his actions and a comparison of his prior and current behaviour. Bartolomeo's comment, moreover, is not in the least neutral. Stressing the patient's public office, and using words such as "reverence" and "honesty," Bartolomeo reproaches Johannes for his neglect of public decorum while insinuating that his actions have implications beyond his own health. Bartolomeo's criticism takes on a religious timbre when he accuses Johannes of "sinful" attire, thereby categorising Johannes's excessive grief as both a public and a spiritual offence: it is not only harmful to health but also spiritually, or, morally reprehensible.

The religious tone of Bartolomeo's attitude towards grief is brought to the fore in his passage on the accidents of the soul:

As much as possible sorrow should be taken out of his soul, because recuperation is impossible when the soul is occupied with suffering (*passionem*) for absent things. It is to add stimulus to stimulus, which is to incur

29 "iste vir consuevit civilibus occupationibus agere capite discooperto semper reverentia consuete honestatis. Ex casu autem filie sue oportuit ipsum capite cooperto exercitari et maxime cum magna caput eorum vana gloria sicut hodie moris est." *Ibid.*, fol. 12v.

the sin of ingratitude (*officiperdi*); this because his memory, will, and soul should all conform to the will of the most High. Indeed, the judgements of the Lord are a great abyss. For it might have been that this man would have suffered great sorrow if his daughter lived a long life, in which she was not safe from the almost endless dangers of humanity, and mostly in this unhappy time of ours subjected to the tribulations of plots, of hateful war, and of other predicaments. And so, therefore, the mind should bear that which was foreseen and done. For if he shall not do so he leads himself, because of these strong passions of the soul, to life-threatening danger. For these passions of the soul extend and move the body *from* that which is its nature [according] to Book Three of the *Tegni*.³⁰

Opening with a matter-of-fact statement—that no healing can occur while the patient is still experiencing the cause of his condition—Bartolomeo then offers advice on how to eliminate this feeling. His suggestion is cognitively oriented, directing the patient's thoughts towards more consoling options: Johannes should consider that his daughter is safer in the afterlife than she was in this world; he should understand her death as God's will and accept His judgment. Bartolomeo recommends faithful acceptance of the "foreseen and done" as a way to soothe emotional turmoil. Yet his recommendation for altering his patient's emotional state incorporates non-medical practice. Redirecting Johannes's thoughts serves not only to distract him from his unhealthy emotions but also encourages him to follow a religious path in which faith will cure his unhealthy grief. Thus the physician's advice is delivered in the form of a sermon, intended to move the reader/listener to righteous action. Making use of catechistic advice, Bartolomeo, the physician, directs his patient in the ways of faith. Thus, more extensively than Antonio Gazio and Benedetto Reguardati da Norcia, Bartolomeo Montagnana allowed himself to criticize excessive grief as immoral behaviour. All three, however, in counselling against enduring grief,

30 "quanto magis potest tristitiam ab anima sua excludat, propter quid enim oportet occupare animam circa passionem rei amisse cum recuperatio est impossibilis. Est enim addere stimulum stimulo quod est incurrere vitium officiperdi, ita quod memoriam suam voluntatem et animam omnino conformet voluntati altissimi. Iudicia enim dei abyssus multa. Fortasse enim vir iste tristitiam maiorem valde recepisset ex longa vita filie sue, que ab humanis periculis fere infinitis non erat tuta, et maxime in hoc tempore nostre infelicis etatis subiecte tribulationibus insidiarum odii belli et aliorum discriminum. Equo itaque animo tolerandum est quod provisum et factum evenit. Aliter enim periculum sue vite grande valde preparat sibi vir iste ex forti passione anime. Tales enim passionnes exterminant et mutant corpus ab ea que est secundum naturam consistentia tertio *Tegni*." *Ibid.*

were voicing not only medical judgment but also the preoccupation of their social milieux with grief and its display.

Mourning as Disorder

Grief and mourning were major concerns in late medieval society, particularly so in the case of the death of children. Miracle narratives and saints' inquests disclose how parents in despair over their dead children were ultimately consoled.³¹ Preachers, among them the Italians Jacopo da Voragine and Bernardino da Siena, delivered sermons depicting Job as the ideal sufferer, accepting the death of his children with forbearance. Such sermons were presumably meant to instill greater patience in their listeners.³² The social and cultural circumstances of the Italian communes, self-governed and independent, encouraged the desire to strengthen ties between its members. This desire spurred the composition of consolation writings, which evolved into a literary genre.³³ Rooted in the antique world and preceded by elegiac and comforting treatises and letters penned by such authors as Seneca and Cicero (following the death of the latter's own daughter), the genre has been linked to the development of civic society. George McClure has shown that as the genre was transmitted

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- 31 Nicole Archambeau, "Tempted to Kill: Miraculous Consolation for a Mother after the Death of Her Infant Daughter," in *Emotions and Health, 1200–1700*, ed. Elena Carrera (Leiden: Brill, 2013), 47–66, discusses in detail how Saint Delphine of Puimichel was reputed to have healed a mother suffering from feelings of sorrow and vengeance after the death of her daughter. Many cases are described in Ronald C. Finucane, *The Rescue of the Innocents: Endangered Children in Medieval Miracles* (Basingstoke: Macmillan, 2007), 207–210; and Alexander Murray, *Suicide in the Middle Ages*, 2 vols. (Oxford: Oxford University Press, 1998–2000), I (1998), 258.
 - 32 Job was a highly venerated saint in the later Middle Ages. His "lessons" appeared in the prayers of the "Office of the Dead" recited often by the laity and daily by the clergy. He also figures repeatedly in funerary sermons in which the beloved are advised to accept the judgment of the Lord. See, for example, Niccolò Lugaro, *Sermones aurei funebres cunctos alios excellentes noviter inventi* (Paris, 1512); Jacobus de Voragine, *Sermones Aurei, Dominica XVII post Trinitat* (Paris, 1528), sermo I; Lawrence L. Besserman, *The Legend of Job in the Middle Ages* (Cambridge, MA: Harvard University Press, 1979), 57–64; Domenico Cavalca, *Specchio de' peccati*, ed. Francesco del Furia (Florence: Tipografia all'Insegna di Dante, 1828), 41, 51.
 - 33 Louis Haas, *The Renaissance Man and His Children: Children and Early Childhood in Florence, 1300–1600* (Basingstoke: Macmillan, 1998), 170–172; Philip Gavitt, *Charity and Children in Renaissance Florence: The Ospedale degli Innocenti 1410–1536* (Ann Arbor: University of Michigan Press, 1990), 290–295.

to Christian culture, its focus shifted to theosophism, devaluing the sorrows of this world and celebrating the joys of the next. The genre was transformed again in the thirteenth century when Italian university men such as the rhetorician Boncompagno da Signa (1165–1240) and the lawyer Albertano da Brescia (c. 1195–1253) ventured onto a more civic-oriented path. Their works, which derided excessive grief and ridiculed it as feminine, unchristian, and unbecoming to persons of high social rank, set the accepted style and manner of mourning. They composed specific phrases for recitation at funerals (in Boncompagno's case) and laid out the prudent reaction to death, while criticising vendetta (in Albertano's case).

Thus we see that already in the early thirteenth century Italian communes were adamant about controlling displays of public grief. Statutes regulating the format and behaviour in funerals were issued in many towns and enforcement is known to have taken place in some. These laws restricted wailing, the uncovering and pulling of hair and the tearing of clothes, all recognized as expression of deep bereavement. Diane Owen Hughes has argued that these gestures came to be rejected by the Italian ruling elite because they challenged masculine acculturation, a phenomenon upon which the Italian humanist towns of the later Middle Ages was built. According to Hughes, the ancient customs and rituals of the Mediterranean celebrated death as part of the natural life-course and so granted to women primacy of place. In contrast to close-to-nature displays of womanly grief, the new rules favoured rituals privileging the spiritual meaning of death, among them commemoration through funerary orations and monuments. For Hughes this "civilizing process" was performed both through an actual formation of a masculine space, by banning women from funeral processions, and through a more metaphorical statement that preferred a non-physical (and hence, more masculine) contemplation of death.³⁴ Following Hughes, several scholars have considered the imposition of gender boundaries on public grief and its enforcement through art and sermons. These reveal the involvement of numerous cultural agents in establishing and maintaining the desired format of funeral rituals.³⁵ Indeed, Carol Lansing has shown that anxiety about preserving the gendered construct of grief

34 Diane Owen Hughes, "Mourning Rites, Memory, and Civilization in Premodern Italy," in *Riti e rituali nelle società medievali*, ed. Jacques Chiffolleau et al. (Spoleto: Centro Italiano di Studi sull'Alto Medioevo, 1994), 23–38.

35 Judith Steinhoff, "Weeping Women: Social Roles and Images in Fourteenth-Century Tuscany," in *Crying in the Middle Ages: Tears of History*, ed. Elina Gertsman (New York: Routledge, 2012), 35–52; Alison Levy, *Re-membering Masculinity in Early Modern Florence: Widowed Bodies, Mourning and Portraiture* (Aldershot: Ashgate, 2006), 73–76.

in actual life manifested in very real ways in thirteenth-century communes. In Orvieto, for instance, municipal officials sent spies to funerals to investigate whether mourners violated the laws by pulling out their hair, shouting in lament, or attempting revenge, and it was men who were arrested and charged. According to Lansing, this concern about society's emotional countenance was related to the larger quest for social stability within the developing political form of the communes.³⁶ Disrupting gender norms by displaying effeminate behaviour was a notable concern in the communes as the transgressing of order threatened the fragile *vita civile*.³⁷

Lansing also explored the participation of different actors in this new construction, augmenting the court cases of misbehaviour in funerals with manuals, sermons, poetry, and philosophical sources. In her view, all of these contributed to the dissemination of an ideal of masculine performance of grief that was restrained for the sake of public order in the communes.³⁸ The link between mourning rituals and public order is evident a century later too in the highly stylised funeral affairs that were orchestrated to reflect social status and hierarchy.³⁹ With this in mind, and in view of the public role physicians held in the Italian communes in the fifteenth century, we might venture that they were likely well aware of the social desire to curb grief, and saw themselves as rightful social agents charged with propagating societal ideals. We can see in Bartolomeo's remark regarding Johannes's disregard for custom that this normative role was not lost on physicians. Perhaps the curious instruction to a woman with a phlegmatic complexion to avoid funerals given by Ugo Benzi (1376–1439) provides a further intimation of the participation of physicians in setting social norms, albeit through a medical prism.⁴⁰ The remarks of Benedetto, Antonio, and Bartolomeo on the topic, however, breach the framework of public order enforced through masculine grief. Aside from Bartolomeo's remark regarding head-cover, the community is not mentioned as primary concern of the physicians, and gender is not an explicit issue in them either. While arguably both are implicitly addressed in writing to the elite as the "prudent"

36 Carol Lansing, *Passion and Order: Restraint of Grief in the Medieval Italian Communes* (Ithaca, NY: Cornell University Press, 2008), 58–72.

37 Idem, "Gender and Civic Authority: Sexual Control in a Medieval Italian Town," *Journal of Social History* 31 (1997): 33–59.

38 Lansing, *Passion and Order*, 67–76.

39 Sharon T. Strocchia, *Death and Ritual in Renaissance Florence* (Baltimore: Johns Hopkins University Press, 1992), 116–118.

40 Ugo Benzi, *Consilia Ugonis Senensis saluberrima ad omnes egritudines...* (Venice, 1518), fol. 43v.

and in discussing normative behaviour, these take on further meanings that are more specifically attuned to their fifteenth-century audience.

George McClure has criticized Lansing for linking too closely public concerns for displays of grief and subjective and private attempts to manage it. While Petrarch is often quoted (and not only by Lansing) as a leading endorsement for late medieval Italian restrictions on funereal wailing, McClure, a historian of ideas, stresses the inner consciousness of the intellectual tradition. For him, Petrarch's writings on mourning reveal the author's "psychological development" through which he evolved into a "Latin humanist and moralist."⁴¹ This is developed more fully in his book *Sorrow and Consolation in Italian Humanism*, which shows how the humanists' investigation of sorrow was a gateway to a philosophical study of the self. Though it seems to me impossible to separate the cultural atmosphere of contempt for external displays of grief, expressed by Petrarch himself, from the desire to fashion a new sensitivity to grief that is inward, contained, and thoughtful, McClure adds a fundamental qualification for the understanding of grief as a performed emotion. His argument is a reminder that for Petrarch grief was also a very personal affair, and that the humanist discourse of grief was strongly connected to the experience of selves within the community. In other words, McClure reaffirms that alongside the performativity and ordering of a passion, the experience of feeling can be historicised.

The Emotional Style of Humanist Grief

Humanists of the fifteenth century developed a specific "emotional style." Its roots had been laid already in the fourteenth century by Petrarch and Coluccio Salutati (1331–1406), who wrote extensively on their own grief and on the proper manner of mourning. Rejecting overt expressions of sorrow, the two composed long ruminations on the pain of loss, on sorrow, and on the influence of death on the living. According to McClure, one of the main novelties of such humanistic texts was a negation of stoic appeals for indifference to death, advocating instead a profound acceptance of personal and worldly sorrow.⁴²

41 George McClure, review of Carol Lansing, *Passion and Order: Restraint of Grief in the Medieval Italian Communes* in *American Historical Review* 114:2 (2009): 472–473.

42 George McClure, *Sorrow and Consolation in Italian Humanism* (Princeton: Princeton University Press, 1991), 106–108; Coluccio Salutati, *Epistolario*, vol. 3, ed. Francesco Novati (Rome: Tipografi del Senato, 1896), 413, for instance, mentions Job and other biblical mourning fathers as justification for his own grief for his dead son (rather as an example of acceptance of God's will).

Thus, in a letter to Francesco Zabarella (1360–1417), Salutati set forth his view on the function of consolation, noting that if one wishes to ease another man's sickness he should experience pain himself.⁴³ As McClure observes, this passage formulates the strong communal interest motivating consolation writings which, as Salutati put it, could create a bond between the grieving person and the person grieving with him ("con-solator").⁴⁴ Hence pain could contribute to social formation; it facilitated friendship based on shared grief and suffering. In consoling a friend, one could be comforted for one's own losses. However, while the shared experience of pain was considered a requisite for friendship, and pain or sorrow were socially accepted emotions, "useful sorrow" was constrained to an intellectualized form of pain. Later authors of consolation letters emphasized less the shared suffering and invested more in the maintenance of the social fabric. By these authors, mourning and consolation were discussed primarily through the prism of relationships, which served in turn as an adhesive of the social structure, facilitating the formation of personal ties and political alliances. Margaret L. King's study of the corpus of letters written to Jacopo Antonio Marcello after his son Valerio's death bears witness to the political and economic benefits of consolation letters, which fostered intimate relationships among figures of influence. These letters do not strive to present a philosophical investigation into grief. Instead, they are a rhetorically stylized offering of sympathetic and consoling words reminiscent of those uttered by Bartolomeo Montagnana: the bereaved should remember that if his son was still alive he might have been subjected to misery and pain, from which death in fact had saved him. Yet in addition, King's detailed analysis of these letters further shows how praise of Venice and references to Marcello's heroism were woven into the letters as flattery or as exhortation in order to strengthen the appeal of Marcello's consolation. This ideal of grief, characterized by deep contemplation and considerable emotional restraint, was thus a marker of social and cultural standing as well as a reflection of faith.⁴⁵ Along similar lines, Bartolomeo's *consilium* describes the mourner's health as a communal affair, a condition that involves not only the sufferer but also his kin and his friends and, in Johannes's case, the institutions of the city. Establishing friendships and patronage was in fact a major concern for medical practitioners and so it seems plausible that the consolation of grief that appears in the medical treatises played a social function. Courtiers as well as physicians, Benedetto

43 Salutati, *Epistolario*, 412.

44 McClure, *Sorrow and Consolation*, 79–80.

45 Margaret L. King, *The Death of the Child Valerio Marcello* (Chicago: University of Chicago Press, 1994), 24–27.

Reguardati, Michele Savonarola, and others were obliged to simultaneously display their wisdom, allegiance, and humility while managing to be medically effective. Evincing concern for the patient's feelings as well as his or her moral state was a way of treading this thin line.⁴⁶ A hint of this mode appears, for example, in the medical letters Marilyn Nicoud has recovered from the archives of the Sforza family. Here we read physicians' reports that meticulously detail the patient's state, including sleeping and eating patterns.⁴⁷ While the account corresponds to the list of the non-naturals, the language is not overly systematic and appears aimed to showcase the attention lavished on the patient.⁴⁸ Furthermore, as funeral orations of well-known physicians indicate, these men were celebrated for their rhetorical skills, and for leading a virtuous life.⁴⁹ More than revealing the character of the dead, these praises show us what was expected of men in the medical profession, despite Petrarch's well-known diatribe against physicians.⁵⁰ In the three cases mentioned, the authors refer to verses or motives that devalue this world for its miseries. By offering words of consolation to patrons or patients, the physicians were offering their moral friendship. Holding back from discussing their own suffering, or participating in mutual consolation, they spoke of loss and its hardship in a language that expressed a shared emotional style. In this way, they might secure the faith and attachment of their clients.

The shared style becomes even more apparent when we consider that the humanist language of sorrow itself evoked notions of health and therapy. The use of medical language and allusions to physical sickness and pain in humanistic writings disclose an important element in the acceptance of worldly sorrow.

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- 46 Chiara Crisciani, "Histories, Stories, *Exempla*, and Anecdotes: Michele Savonarola from Latin to Vernacular," in *Historia: Empiricism and Erudition in Early Modern Europe*, ed. Gianna Pomata and Nancy G. Siraisi (Cambridge: The MIT Press, 2005), 297–324; Monica Ferrari, "Il medico pedagogo del principe tra Quattro e Seicento: Ricerche in progress e problemi aperti," in *Michele Savonarola: medicina e cultura di corte*, ed. Chiara Crisciani and Gabriella Zuccolin (Florence: SISMEL, 2011), 3–13; Elena Past, "Una ricotta per *longo* e *iocundo* vivere: il *Libreto de tutte le cosse che se magnano*," in *Michele Savonarola*, 113–125.
- 47 Marilyn Nicoud, "Medici, lettere e pazienti: pratica medica e retorica nella corrispondenza della cancelleria Sforzeca," in *Être médecin à la cour: France, Italie, Espagne, XIIIe–XVIIIe siècle*, ed. Elisa Andretta and Marilyn Nicoud (Florence: SISMEL, 2013), 213–233.
- 48 Marilyn Nicoud, "Expérience de la maladie et échange épistolaire: les derniers moments de Bianca Maria Visconti (Mai-Octobre 1468)," *Mélanges de l'École française de Rome, Moyen Âge* 112.1 (2000): 311–458. See for example the fifth letter on 353.
- 49 John M. McManamon, S.J., *Funeral Oratory and the Cultural Ideals of Italian Humanism* (Chapel Hill: University of North Carolina Press, 1989), 146.
- 50 Francesco Petrarca, *Invectives* (Cambridge, MA: Harvard University Press, 2003), 72.

In *De remediis utriusque fortune*, for example, Petrarch defined sorrow as a malady that demands a remedy, and Coluccio Salutati's letters equate grief with illness or define it as an illness of the soul.⁵¹ Salutati sharply criticised ongoing conditions of illness of the soul, as seen in a letter to Pellegrino Zambecari (1350–1400). Here desperation and unhappiness, particularly in the face of physical sorrows, are described in terms borrowed from medicine—"bitter humour" and "corrupting illness." Remaining in a state of sorrow was therefore an act of self-harm and contrary to the path of faith.⁵² While this was an idea that merged into humanist consolation, its origins were clearly set in the pastoral tradition of the notion of sin, particularly *accidia*.

Accidia and Grief; Sin and Ill Health

As Taddeo and Bartolomeo noted, excessive grief instigated by loss might lead to sin by provoking undesirable thoughts and behaviours. The latter informed Johannes that his ongoing sorrow led him to the sins of ingratitude ("officiperdus") and vainglory—covering his head while in office. Vainglory was considered a sin against one's fellow man, generally manifested in excessive self-adoration and ostentation, or as Antonino Pierozzi, the famous archbishop of Florence (1389–1459) defined it: "the penitent dressed in an excessive manner beyond his status or condition or the custom of his land."⁵³ While this specific allegation relates to the maintenance of public order, there is here a more personal angle too. The ill consequences of grief, as causes of poor health, bad judgment, and spiritual ingratitude that harm one's chance of salvation, were a recognized theme in pastoral literature. The topic received a great deal of attention in analyses of *accidia*, a category with a distinct theological overtone.

The history of *accidia* (or *acedia*), wonderfully sketched by Siegfried Wenzel, sheds light on the intricate interplay between grief and sin. The term *acedia* derives from the Greek with the literal meaning "lack of care," yet it comes into use widely only in Patristic literature, where it describes a spiritual phenomenon denoting lack of will, despondency, sorrow, and restlessness.⁵⁴ The centuries

51 See Francesco Petrarca, *Rimedi all'una e all'altra fortuna*, ed. Enrico Fenzi (Naples: La scuola di Pitagora editrice, 2009), 224. Petrarch includes a long list of sorrows under the chapters dealing with *tristitia* and *miseria*, including grief over loss of loved ones.

52 Salutati, *Epistolario*, 141–142.

53 Antoninus Florentinus, *Confessionale*, fol. 62v: "[si] fecit excessum in portatura vestium ultra suum statum vel conditionem vel non secundum morem atrie."

54 Rainer Jehl, "Acedia and Burnout Syndrome: From an Occupational Vice on the Monks to a Psychological Concept in Secularized Professional Life," trans. Andrea

leading up to Gregory the Great knew of two leading schemes of eight capital sins—the one by Evagrius Ponticus and the other by Cassian—which identified both *accidia* and sorrow (*tristitia*) as distinct sins. Gregory reordered the list to include a magical set of seven, and while it is unclear how well he knew Cassian's earlier format, his definition of the sin of *tristitia* included elements that formerly pertained to *accidia* as well. In Gregory's scheme *tristitia* came to include the more morose sins in addition to the sins born of apathy and laziness.⁵⁵ Meanwhile *accidia* did not disappear from the spiritual life, but was re-introduced by Isidore of Seville and became chiefly recognized as a malady of those committed to a spiritual path. As such, the sin became synonymous with loss of interest in spiritual work. Up until the twelfth century, this monastic point of view predominated in discussions of the vice.

Wenzel informs us that around the thirteenth century rising interest in both pastoral theology and psychology produced a new current, which in turn formed a synthesis between *accidia* and *tristitia* in a vein similar to that suggested by Gregory.⁵⁶ *Accidia* is portrayed in the period as both “spiritual dryness” and laziness. This duality is apparent in the manuals. As a final stage, Wenzel proposes that *accidia* underwent a secularization process in the age of Petrarch and Boccaccio, in which it became identified with melancholy.⁵⁷ The shared imagery of *accidia* and melancholy in artworks of the fifteenth century lends further support to this blending of concepts.⁵⁸ Wenzel notes, however, that despite various references relegating sin to humoral *discrasia*, within pastoral theology the two terms—*accidia* and melancholy—are never considered interchangeable. Barriers between the two disciplines were continually erected. And yet, we do find an increasing infiltration of medical language into pastoral care and a growing concern for the material aspects of human nature. Alongside examples in which humoral theory is invoked, and in which

Németh-Newhauser, in *In the Garden of Evil: The Vice and Culture in the Middle Ages*, ed. Richard Newhauser (Toronto: PIMS, 2005), 455–476.

55 Morton W. Bloomfield, *The Seven Deadly Sins: An Introduction to the History of a Religious Concept, with Special Reference to Medieval English Literature* (Michigan: State College Press, 1952), 72.

56 Siegfried Wenzel, *The Sin of Sloth: Acedia in Medieval Thought and Literature* (Chapel Hill: University of North Carolina Press, 2012), 174–181. In this Wenzel argues against a previous assumption posited by Bloomfield, that saw the thirteenth century as a time when *accidia* was considered as laziness. Bloomfield, *The Seven Deadly*, 96.

57 Wenzel, *The Sin of Sloth*, 184–186.

58 Raymond Klibansky, Erwin Panofsky, and Fritz Saxl, *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion, and Art* (London: Nelson, 1964), 245.

the body is seen as the cause of sorrow, we find assertions that if the body is maltreated in times of sorrow, this in itself is sin.⁵⁹

Although excessive mortification of the body was a topic of some contention because it could engender sin among patristics and later theologians, the opposite effect, that which sorrow could pose to the body receives more attention in the later Middle Ages.⁶⁰ Domenico Cavalca (1270–1342) urged his readers to refrain from sorrow over afflictions because it consumes the body.⁶¹ The fourteenth-century Dominican author of the vernacular *Lo Specchio della vera penitenzia* linked excessive sorrow and the disease of melancholy, but also warned against excessive sorrow over sins, which too can lead to death.⁶² Some years later, the preacher Giovanni Dominici (1356–1419) did the same both in his written treatises and in his encounter with a woman who he reproached for being so sad that she was becoming unhealthy.⁶³ Confessor manuals composed in fifteenth-century Italy also approach this risk in a way previously not addressed in this literature. Antonino Pierozzi, mentioned above, instructed confessors to ask penitents whether they were “saddened to such great degree because of some adversity that he or she became gravely sick on account of the great sorrow, the loss of sleep, not eating, and similar things.”⁶⁴ The Milanese Bartolomeo de Caimi (*fl.* 1449–96) issued a similar definition of sinful behaviour,⁶⁵ and so did Angelus Carletus, who wrote that some because of great sadness incur grave infirmities or harm to their bodies, and that this is mortal sin.⁶⁶ This new treatment of sorrow as harmful to the body attests a more material understanding of *accidia* both in terms of the definition of the sin as one

59 Wenzel assembled examples in his Appendix, *The Sin of Sloth*, 191–194; see also Carletus's chapter of *desparatio*, which he notes could be the result of burning melancholic humour: Angelus Carletus, *Summa de casibus conscientiae* (Strassburg, 1515), fol. 51v.

60 Esther Cohen, *The Modulated Scream: Pain in Late Medieval Culture* (Chicago: University of Chicago Press, 2010), 25–26; André Vauchez, *Sainthood in the Later Middle Ages*, trans. Jean Birrell (Cambridge: Cambridge University Press, 1997), 340–350.

61 Domenico Cavalca, *Specchio de' peccati*, 52.

62 Jacopo Passavanti, *Lo Specchio della vera penitenzia*, vol. 1 (Florence: Ciardetti, 1821), 96–113.

63 Giovanni Dominici, *Regola del governo*, 62–63.; Nirit Ben-Aryeh Debby, *Renaissance Florence in the Rhetoric of Two Popular Preachers: Giovanni Dominici (1356–1419) and Bernardino da Siena (1380–1444)* (Turnhout: Brepols, 2001), 100.

64 Antoninus Florentinus, *Confessionale* (Strasburg, 1490), fol. 60r: “Si etiam ita contristatur de aliquot casu adverso quod incurrit grandem infirmitatem propter nimiam tristitiam, perdens somnum, dimittens cibum et huiusmodi.”

65 Bartholomaeus de Chaimis, *Confessionale* (Nuremberg, 1477), np.

66 Angelus Carletus, *Summa de casibus*, 3v.

that reflects not only on spiritual matters but also on worldly life, and in seeing sorrow as directly responsible for the state of the body. Importantly, we are not seeing here the age-old identification of sin as illness or illness as punishment for sin, but rather that driving one's body into illness because of sorrow or despair is itself a sin. To be sure, harboring suicidal thoughts or taking such action was long recognized to stem from sinful sorrow, but here the sin is different. At hand is the sin of allowing oneself to fall into illness because of not tending properly to emotional states.

Alongside the association of *accidia*, illness and sorrow in the literature of pastoral care, we find resonance to this linkage in medical texts. Bendetto Reguardati da Norcia wrote later in the chapter quoted above that the greatest risk posed by sorrow is to fall into a state of *tédiosa*. This can be prevented, he continues, by allowing oneself to be consoled by friends who prudently alleviate one's sorrow. Recognizing the abundant good that God has bestowed, which counters "spiritual dryness," is also recommended.⁶⁷ In his *consilia*, Ugo Benzi added *accidia* to the *accidentia anime* which should be avoided.⁶⁸ Although it may be argued that these medical references indicate (as Wenzel implies) that the idea was so widespread in secular settings that its strict religious meaning was lost, these examples suggest that the notion of *accidia* as unhealthy reached the wider public as well. Moreover, a particular language is used across these materials. From confession manuals that cautioned against the sinful illness brought on by excessive sorrow, to humanist consolation literature that rejected as uncultured and imprudent this same behaviour, to medical admonitions not to waste the body by excessively engaging in the above, we are witnessing a very specific language born of fifteenth-century Italian learned culture, of circles of elite men who were raised in a society that rejected expressive gestures of grief. All these circumstances contributed to the shared notion that grief poses a threat to the health of the body—but it did so by employing a language that, as these texts show, was shared by humanists, clergy, and physicians. It is this common language that produced a shift in the discourse of emotions in contemporary medicine.

Medicine for Sorrow

Studying grief in medical cases opens a window onto the multiple and parallel discourses that shaped the culture of emotions in fifteenth-century Italy.

67 Wrocław, Biblioteka Uniwersytecka we Wrocławiu, MS III Q 19, fol. 108r–v.

68 See Table 1.7 in Chapter 1.

Yet identifying change within the medical profession yields a thin base, making it necessary to cast a broader net. Grief was not distinct from sorrow in its physical or mental definition, but only with respect to the circumstance that caused it. Unsurprisingly sorrow mostly figures in cases that deal with melancholy, and then it is treated among a host of other unhappy *accidentia*, namely fear, anxiety, hallucinations, and at times also anger and fits of rage. In contrast to the particular regard of grief in Johannes's case, often we find that all these states are treated together under a unified rubric of *contristatus anima*. Some of the examples below are thus more general in nature and reflect not the input of discourse on a particular emotion but rather the engagement with moral and religious language and ideas about emotions within medicine.

Giovanni Matteo Ferrari da Grado (d. 1472) was a celebrated physician who taught at the University of Pavia, served in the court of the duke of Milan, offered medical counsel to Louis XI of France, and composed a commentary on the *canon* and practical texts.⁶⁹ His *consilia* represent the genre at its height. Generally, we find in these texts a brief identification of the patient, an account of symptoms, a diagnosis, and a treatment plan divided into regimen and medicines. With such an orderly scheme there are hardly cases that neglect the category of the *passiones anime*. These categories in themselves are also very standard, yet close reading reveals the new tack Giovanni took while attending to emotions. For instance, he made a point of having a young man suffering from melancholy manifesting in fever and fear be looked after by *persone grates*.⁷⁰ In a second case, the care of a woman suffering from fits of madness in which she was overly sexual, included instructions that during times of sanity she was not to be spoken to about sexual matters and that she was not be exposed to young *luxuriosae* women and elegant young men. Specifically, her mind was to be diverted to moral thoughts.⁷¹ To be cared for by friends and family and not to be left alone was commonplace treatment for melancholy and madness, but Giovanni refines the instruction—these caregivers are to be morally upright. Further remarks reveal that the insistence on *persone grates* was not incidental and that Giovanni considered moral philosophy and faith as superior to medicine in care of the emotions. In another case of melancholy, for example, Giovanni mentions his doubt that medicine is indicated in treatment of emotions. Should it indeed prove ineffective, he adds, spiritual

69 Ferrari, *Une chaire de médecine*; Siraisi, *Medicine and the Italian*, 73.

70 Giovanni Matteo Ferrari da Grado, *Consilia* (Venice, 1521), fol. 8r.

71 *Ibid.*, 71v.

care should be solicited.⁷² Since in the same case Giovanni lists emotions as moral symptoms—*Ex moralibus quoque operationibus satis declaretur esse valde timidus*—suspicion arises that the physician harbored a non-medical standpoint that shaped his view of emotions. Giovanni's note that sorrow and anger remain sins even when they do not do damage to the body, which appears in a regimen to the overweight bishop of Pavia Jacobo Borromeo, provides another instance of negotiation of views.⁷³

Giovanni's humility before men of the church, or rather his flattery, might have led him to belittle the role of medicine in the care of the soul when addressing them. A similar show of reverence to the lore of the church may be expressed in the case of leprosy of a German man named Herman to whom he suggested that he should turn to the help of moral philosophers to quiet his passions in such a singular and melancholic disease, accompanied by worries and sorrowful passions.⁷⁴ Across these cases, we read that for Giovanni, medicine was not necessarily the first and finest line of defense for emotions. Emotions were primarily moral positions that could be best managed by ethics and faith. Nowhere does Giovanni take it upon himself, the physician of the body, to provide moral care. Still, his designation of what pertains to morality and what to medicine points to a subtle yet important shift in the physician's position. While Giovanni often chose to simply rehearse the age-old litany of beneficial and harmful emotions, it is evident from the above examples that he regarded emotions primarily as moral acts. It is because of this engagement with the morality of emotions that when dealing with illnesses that pertain to the mind and incur substantial mood changes, Giovanni considered the medicine of the soul (whether through ethics or faith) the best remedy. In this, the famous physician diverges from the strictly material view of the emotions presented by his predecessors.

Other physicians of the period too hint at an "environmental" change in regard to emotions. Baverio Baviera (d. 1480) often directed his patients to hear *sermons gratos* and to maintain hope (*Spes*) and trust (*confidentia*), and faith (*confert fidere*) in *salute*; a double entendre that surely was not lost on them.⁷⁵ Antonio Cermisone (d. 1441) instructed one of his patients to be joyful in the

72 "Credo non semper esse necessariam medicinam corporalem in talibus casibus, et ita si cum his non curabitur procuretur cura cum aliis magis spiritualibus, et his sum contentus." *Ibid.*, fol. 10r.

73 *Ibid.*, 101r.

74 *Ibid.*, 93v.

75 Baverio Baviera, *Consilia medica* (Bologna, 1489), fols. 2r, 13r, 14r, 41r.

prospect of divine clemency that will give cure.⁷⁶ Ugo Benzi, for his part, suggested that a patient maintain faith in Christ.⁷⁷ While these references might be discounted as stylistic language trends, the fact that they appear within the sections that deal with the care of the accidents of the soul indicates that a stronger link was now being made between the sixth non-natural and faithful living.

Bartolomeo Montagnana brought forward the connection between faithful living and well-being in a more explicit way. Like Ugo Benzi, Bartolomeo advised a patient, Leonardi de Tridento, that it would be good for him to have faith (confidence) in the healing (*salvatoris*) power of Jesus Christ. Here too it seems that it is the life-threatening state of the patient that drives the comment. Bartolomeo's addition, that Christ's remedy is good for *posterum*, that is, the afterlife, corroborates this further, suggesting that he is implementing the idea behind canon 22 of Lateran IV that ordered physicians to make sure that dying patients confess before they die.⁷⁸ As well, repeated reference is made in his *consilia* to patients' moral habits in governing their emotions in a measured way, in line with faith and ethics. Angelus Simoneta (d. 1472), a secretary in the service of the duke of Milan, received in the section on the accidents a review of the good and bad emotions. There it was noted that a man whose soul is accustomed to humility does not suffer the repercussions of the movement of emotions. Angelus, according to Bartolomeo, was that kind of man. Of course these are words of ingratiation, but they reflect the physician's judgement with regards to the patient's behaviour and his conflation of healthy regimen and moral behaviour.⁷⁹ A bishop named Galesio was treated for bad complexion that led to a number of subsequent illnesses. Bartolomeo regarded the repeated flagellation and asceticism of the patient as an antecedent cause, and later added that while he cannot suggest that the patient refrain from sorrow, for this is impossible for a man whose daily routine incorporates contemplation of sin, the patient at least ought to refrain from too many tears.⁸⁰ A similar note with regard to sorrow appears in the regimen of an unnamed Franciscan, a doctor of theology, who suffered pains in various parts of the body. Those who

76 Antonio Cermisone, *Consilia medica*, (Venice, 1495), fol. gv.

77 "non stet angustiosus et desperatus de impossibilitate curationis eius, neque in aliis accidentibus animam multis tristantibus involutus permaneat sed bene et audacter in potentiam salvatoris Jesu Christi confidat et speret qui sua remedia vigorabit in posterum ut vidit se quasi in desperationem positum et nunc bone convalescentie restitutum." Ugo Benzi, *Consilia ad diversas aegritudines* (Pavia, 1496–99), fol. 28v.

78 Bartholomaeus Montagnana, *Consilia Montagnane* (Lyon, 1525), fol. 188r.

79 *Ibid.*, fol. 378v.

80 *Ibid.*, fol. 120r.

devote themselves to attrition of the soul and to the tales of the martyrs are accustomed to sorrowful emotions. While this is necessary for faith, the patient should see to it that his “meditation about sad things will not lead to illness.”⁸¹ Yet another brother of the Dominican order was told simply to avoid all stories about martyrs or death. That all three of these patients were living a spiritual life surely encouraged Bartolomeo to consider the difference between blessed grief they obtain in their devotion and constant meditation of their sins and the unhealthy sorrow that such rumination might induce. Still, it is noteworthy that no similar precedent appears in pre-fifteenth-century *consilia*. Furthermore, as these passages disclose, Bartolomeo submits that devotional life is worthier than concern for the body and its affects and may be followed even if they incur harm to the body. Such a position was not utterly novel. His open negotiation of these divergent views on sorrow, however most certainly was. His behaviour points to an acute awareness of the discourse of emotions outside medicine, and more importantly, his attempt to align these views.

The intense devotional life, then, challenged the body’s needs. Yet as we learn from Johannes’s case, for the lay patient leading an emotionally moral and faithful life, it was a sure path to health. Along these lines, treating a patient with leprosy Bartolomeo advised that he should turn to the Lord, rejoice in Him, and divert his melancholic passions towards studying theology and ethics because these things “nurture the soul” and temper the body.⁸² Finally, sometimes the advice to follow custom and Christian law related to the pleasures of sexual behaviour. Such is the case of a young melancholic man whose ill health impaired his reason and led him to imagine violent quarrels, trickery, and insult. Bartolomeo warns the youth against doing the “shameful act,” with cheap and hateful morals (*vilius et destabilius*), with fleeting lasciviousness and delectation (*per lasciviam et delectacionem*), like a *muliercule*—weak and womanly.⁸³

Arguably, the aforementioned examples might be variously accounted for. Leprosy was a suspect disease to which sinful connotations were attached and irregular sexual behaviour was no less associated with sin. Patronage as well as common declarations of faith surely shaped the physicians’ style of writing. And yet, the volume of material that incorporates non-medical considerations when discussing emotions is significant, and more importantly,

81 “Si tamen necesse est ipsum occupari passionibus anime, saltem non sit eius meditatio circa tristitiam ex nocumento egritudinum provenientem, ita ut desperet de salute sui cum omnia talia accidentia et egritudines sint sanabiles.” *Ibid.*, fol. 345r.

82 *Ibid.*, fol. 420v.

83 Cambridge, Trinity, MS 1239 (O.4.8), fol. 93v.

unprecedented. The shift can be accounted for by both intra- and extra-professional circumstances. As has been made amply clear, emotions were a topic of contention not comfortably included in the daily life of the physician. To engage with emotions seriously and, perhaps also originally, demanded reshaping the boundaries between medicine and the moral and spiritual regard of emotions. This was particularly true when the physicians, active members of their societies, were exposed to a growing interest in emotions in the wider culture. The intense emphasis on meditation of one's passions, in both lay and religious circles, was by the fifteenth century a common language of the learned milieu of Italian communes. For physicians who were interested in extending their consideration of emotional matters there seems to have been precedents in the form of lay moralists and also a willing audience.

The elite clientele paying for the services of the most learned physicians of the day, among them princes, dukes, counselors, and high church officials, sought counsel concerning not only their physical health but also their general well-being. To a certain extent this was true for Corso Donati, addressee of Taddeo Alderotti's regimen in the thirteenth century, and King Jaume II, for whom Arnau de Vilanova composed a *regimen sanitatis* at the turn of the fourteenth century. In both cases the authors breached the boundaries of a strict physical consideration of emotions. As mentioned earlier, the widely circulated *Secretum secretorum* might have laid the groundwork for the idea that complete counsel to a prince ought to include reference to both health and morals. Already nascent, the stress on Christian morality reached fuller flower in the fifteenth century. Readers of Benedetto Reguardati's regimen, whether Archbishop Astorgio or his later patients, and the recipients of *consilia* certainly would have recognized ideas they had heard before in eulogies, sermons and perhaps in more intimate encounters with their confessors. Yet we are left wondering about the precise timing of this development. Moreover, how does the change in the Italian-born texts color the way we see the earlier findings in Castile? Tackling these questions requires a foray into the account of the broader circumstances of the regimen of health literature in Italy of the period and also its link to individual medical counsel.

As Sandra Cavallo and Tessa Storey demonstrate in their study on well-being in the Italian Renaissance, the interest in advice literature aimed at maintaining health was growing rapidly in the period. There is some scholarly consensus that this fashion is related to the spread of the medical culture in the period, made possible by the presence of physicians, medical services, and policies in European towns, and particularly so in the Italian communes that attracted students of medicine from all over Europe. Cavallo and Storey add that humanism and, in the sixteenth century, the influence of Trent redoubled

the trend to preserve health.⁸⁴ What this meant concerning the care of accidents, in their account, is that by the sixteenth century the importance of *allegrezza* for securing health, and the dangers of melancholy, were well known and widespread. This was a knowledge supported by a culture of medicine, humanistic culture, and religious discourse. Cavallo and Storey's explanation holds true as well for the fifteenth century and even earlier, both in terms of civic medicine and of lay interest. In terms of emotions, specifically, this is seen in letters and literature of the period attesting the spread of the notion that emotions alter the state of the body.⁸⁵ In addition, Cavallo and Storey detect a developing current within sixteenth-century *regimina* that suggested a Christian approach for caring for the soul. What they call a "moral turn," is seen in referring to the deadly sins, advice to turn to reason and to pursue a spiritual environment.⁸⁶ Following an analysis of earlier material, this shift occurred earlier and its development was longer and more subtly rooted within an ongoing medieval debate of boundaries. This gradual, and partial, interest in dismantling the barriers between the care of the body and the care of the soul fed on humanist and religious ideas of authors and readers, physicians and patients alike. Above all, it was fueled by the uneasiness with which the discipline regarded the soul, making it susceptible to the culture around it. In this broad picture the developments in Italian sources recall those found in the Castilian sources. Varied social settings, nevertheless, shaped the style and discourse still in particular ways.

Returning to the Italian material, it is unsurprising to see the shift in discourse appear most vividly in areas and circumstances more susceptible to such change. In the same way that emotions presented a flexible terrain for introducing extra-medical material, certain patients and certain diseases were likely more open to moral and spiritual remarks. Leprosy and melancholy (and although not discussed here, the plague), eluding as they did complete categorization as physical diseases, invited an extension of the medical discourse because they were never regarded as fully physical diseases. As mentioned above,

84 Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), 7–8.

85 Though Philippa C. Maddern's paper on the meaning of the word "merry" focuses on a specific English term, her findings on the widely accepted notion that health was deeply intertwined with joy, happiness, and generally a good mood can be seen in letters produced in contemporary Italy as well. Philippa C. Maddern, "It Is Full Merry in Heaven; the Pleasurable Connotations of 'Merriment' in Late Medieval England," in *Pleasure in the Middle Ages*, ed. Naama Cohen-Hanegbi and Piroska Nagy (Turnhout: Brepols, forthcoming).

86 Cavallo and Storey, *Healthy Living*, 191–194, 207.

leprosy, considered a harsh punishment for sinfulness, retained its moral stain despite the material analysis of the disease offered by Galenic medicine.⁸⁷ The madness of melancholy invoked stories of demons and evil spirits, while its depressive side was becoming in the cultural imagination of the later Middle Ages more and more akin to the sin of *accidia*.⁸⁸ These cultural perceptions were not lost on physicians, who perhaps felt they needed to provide in such cases a more spiritualized response. Looking ahead to Marsilio Ficino and to the discourse of the early sixteenth century, it is possible to see a protracted process taking place, both with regard to the inner debate of the discipline of medicine and with regard to the perception of sorrow within late Medieval/early Renaissance Italy. Turning to Ficino, and the early stages of the “golden age” of melancholy, the fifteenth-century examples reveal small steps in a larger scale change.

Marsilio Ficino and the Dawn of the “Age of Melancholy”

Marsilio Ficino (1433–1499) approached the three disciplines of medicine, moral philosophy, and theology at their sharpest point of nexus. A leading Platonist humanist, ordained priest, astrologer, but also practicing physician, Ficino was one of the most influential men of the early Italian Renaissance. In their influential book *Saturn and Melancholy*, Raymond Klibansky, Erwin Panofsky, and Fritz Saxl linked him to the rise of the idea of the “melancholy men of genius” and its association with Saturn as the “*iuvans pater*’ of men of intellect.”⁸⁹ According to these authors, Ficino’s medical knowledge provided both a “scientific” background for the theory of melancholy and a more matter of fact regimen for those of melancholic temperament. This erudition is evident in the first two books of the *De vita*, which provides remedies and instructions on the preservation of health in line with the regimen tradition. These rely on Galenic and Arabic medicine and pertain to the six non-naturals, mentioning repeatedly the depressive influence of melancholy and the need to guard against an imbalance of black bile by material methods. Yet, we glimpse

87 On perception of leprosy, see Susan Zimmerman, “Leprosy in the Medieval Imaginary,” *Journal of Medieval and Early Modern Studies* 38:3 (2008): 559–587.

88 On the association of melancholy and demonic possession, see Catherine Rider, “Demons and Mental Disorder in Late Medieval Medicine,” in *Mental (Dis)Order in Later Medieval Europe*, ed. Sari Katajala-Peltomaa and Susanna Niiranen (Leiden: Brill, 2014), 47–69; Brann, *The Debate over the Origin*, 6–7.

89 Klibansky et al., *Saturn and Melancholy*, 254–255.

within these chapters a shift in the approach taken by medicine to the soul and its accidents. This is particularly apparent in the last chapter of the first book entitled: “*Care for the Corporeal Spirit; Cultivate the Incorporeal; and Lastly, Venerate the Truth. Medicine Takes Care of the First, Moral Discipline, the Second, but Religion, the Third.*”⁹⁰ Ficino’s admission in this chapter that true and complete health (or, *homines veritatis cupidi*) includes fitness of the mind and soul is not a new idea in itself. We find it, for instance, phrased somewhat differently in the thirteenth-century sermon by Jacopo da Voragine (1228–1298) and in various remarks of physicians.⁹¹ And indeed Ficino still considers here distinct fields of knowledge that provide care for each of these elements: medicine, moral philosophy, and religious faith. Ficino himself is in full command of all three, and as a humanist physician it is within his authority to offer holistic advice. The new professional role Ficino is devising allows a long-fermenting shift to come to light in the *De vita*. Notably, Ficino never deems it necessary to defend or to apologetically define the boundaries of the discipline with regard to emotional states. While we read even in the works of the more ethically minded physicians, such as Benedetto Reguardati da Norcia’s regimen or in Bartolomeo Montagnana’s *consilia*, that medicine only concerns itself with the emotions’ influence on the body, this sort of comment is here nowhere to be found. In his disregard for a disciplinary position, Ficino bypasses the need to determine the complex nature of emotions. Thus the treatise unites ideas about sorrow that were heretofore mostly seen in isolation.⁹² But although this harmony of ideas grants importance to the material aspect of emotions, it seems to have paved the way, or at least contributed to a dynamic in which physicians felt more entitled to articulate their moral and spiritual understanding of emotions.

Another example from a few decades later discloses that the discourse on the morality of emotions in medicine was becoming even less hesitant.

90 “Corporeum quidem spiritum cura; incorporeum vero cole; veritatem denique venerare. Primum medicina praestat, secundum disciplina moralis, tertium vero religio.” Marsilio Ficino, *Three Books on Life: A Critical Edition and Translation with Introduction and Notes*, ed. Carol V. Kaske and John R. Clark (Tempe: The Renaissance Society of America, 1998), 160. See also Ficino’s letter to Francesco Musano of lesi which elaborates on this body and spirit medicine in a more personalized way: Marsilio Ficino, *The Letters of Marsilio Ficino*, trans. Members of the Language Department of School of Economic Science, London, vol. 1 (London: Shepherd-Walwyn, 1975), 39–40.

91 Jacobus de Voragine, *Sermones aurei*, ed. Robert Clutius (Vienna, 1760), 102.

92 As McClure remarks, Petrarch too drew connection between melancholy and the sin of *accidia* but he critically opposed medical ideas. McClure, *Sorrow and Consolation*, 148.

The medical epistle by the Ferrara humanist physician Giovanni Manardi (1462–1536) declared by Vivian Nutton as the “first modern Galenist,” shows how this new notion came into practice in the sixteenth century.⁹³ Though relying on a revised medical theory that claimed to detach philosophy from medicine and to undo the damage of Aristotelian ideas, physicians still discussed particular cases using a scheme that was reminiscent of the *consilia* literature of the century before. Thus when Manardi chose to advise his friend suffering from the influence of black bile that had affected his mental state he was doing so primarily in the guise of a physician. However, Manardi does not immediately offer equalizing remedies, instead states that neither medications nor calling the help of Aesculapius will help; rather the cure will come from the man’s inner-self. It is the friend’s bad judgment that has caused the affliction. Manardi continues with a reproach against allowing one’s perturbations to rule without restraint. Such grave thoughts and lack of moral control was, according to him, the source of all the physical illnesses inflicting his friend. He ought to be devoting himself to the most desirous and happy habits through Platonic philosophy and then he could climb in the steps of Jacob’s ladder to *Deus deorum in Sion*.⁹⁴ Only after this long speech does the doctor prescribe some dietary and herbal remedies.

This case may be far from representative of the treatment of melancholy in sixteenth-century Italian medicine. Examples from other famous physicians might point in an entirely different direction, showing that the developments in case literature were more interested in identifying a particular narrative of illness than in showcasing professional debates of authority or displaying personal faith and humanistic prowess.⁹⁵ And yet, the ways in which Ficino and Manardi understood melancholy and its emotions and the manner in which they approached the boundaries between medicine and religion more generally, afford a glimpse of a new configuration of an old problem—one that had troubled Christian physicians from the thirteenth century on.

93 Vivian Nutton, “The Rise of Medical Humanism: Ferrara, 1464–1555,” *Renaissance Studies* 11.1 (1997): 2–19.

94 Giovanni Manardi, *Epistola medicinales in quibus multa recentierum...* (Ferrara, 1521), fols. 39r–40; see also another case that invokes the language of consolation although not as explicitly, fol. 53r.

95 Monica Calabritto, “Curing Melancholia in Sixteenth-Century Medical *Consilia* Between Theory and Practice,” *Medicina nei Secoli: Arte e Scienza* 24/3 (2012): 627–664.

Conclusion

At the turn of the fifteenth century western Mediterranean medicine developed a pronounced Christian approach to the care of emotions. This shift tilted an uneasy balance, carefully developed since the mid-twelfth century, in which learned “physicians of the body” posited emotions as material processes to be treated through the perspective of the body. Their approach was contested from its origins, and its faltering reveals the growing input of penitential notions of emotions and the formative contribution of the culture in which physicians worked.

We recall that a lexical analysis of “emotion words” used in medical treatises shows an overall expansion in emotions mentioned over the period examined. This broadened vocabulary can be accounted for by the addition of synonyms, reflecting a more elaborate language, but it is also the result of the inclusion of further kinds of affects, cognitive states, gestures, and emotions not previously deemed relevant to medicine. The inclusion of emotion words that have an idiosyncratic spiritual connotation hints at the idea that the growing prominence of vice and virtue literature and penitential culture known to have flourished from the thirteenth century on may be a contributing factor to the new words introduced to the medical texts. Yet we cannot point to a precise date on which this change takes place. As mentioned, less elaborate texts are still composed and copied. But our survey of the literature indicates that although shifts were gradual there was a significant move towards inclusive language at the turn of the fifteenth century. Perusing this new fashion for verbosity through a geographical prism, we see the rather early appearance of the phenomenon among Castilian sources, and the full adoption of this trend by some, though by no means all, Italian medical authors.

The evidence of change in vocabulary employed in medical treatises quantifiably attests a growing preoccupation with and, in some places, a growing willingness to transgress the traditional boundaries of the medical discourse of emotions. This is apparent in discussions on the nature of emotions and on physicians’ authority to treat emotions, and more vividly perceptible in the advice physicians provide. The theoretical discussions on the relationship between body and soul and the ability of medicine to alter non-material aspects of the human being show that *accidentia anime* were a cause of tension for learned medicine well before they were translated to Latin and taught in university settings. Nevertheless, the various ways in which teachers of medicine in Montpellier and Italian universities tried to come to terms with

the questions that arise from this category indicate a conscious and ongoing contemporary delineation of boundaries. Physicians like Pietro d'Abano, Arnau de Vilanova, and Ugo Benzi reflected on where the lines between medicine and moral teaching should be drawn, providing answers that displayed more than anything else the tenuous nature of these boundaries.

In the attempt to offer helpful advice for altering patients' moods and encouraging their healthy emotional states, physicians appear to have been particularly challenged by the restricted material point of view. Addressing cognitive and mental affects by altering complexion was certainly a method that continued to be advocated throughout the Western Mediterranean at least until the end of the fifteenth century. Yet, more and more physicians also integrated ideas that derived from moral philosophy and pastoral theology. We may suppose that it was not easy for physicians to draw a definite line between bodily and moral or spiritual management of emotions in a cultural environment in which emotions represented much more than material alteration. Outside the scientific and medical discourse, which was always reserved for the select few, emotions were generally considered as moral acts and manifestations of sin and virtue. In addition, for the many aspects of healing that surpassed binary divisions of body and soul and adopted a fully holistic understanding of human health, such scholastic distinction was inconsequential. The inclination to surpass the delineation of caring for emotions only in response to the body was, therefore, ever-present.

Recalling this ongoing tension will help us avoid anachronistic readings of a predestined fate. In fact, the many physicians who refrained from meddling with spiritual advice throughout the sixteenth and seventeenth centuries prove that no such fate was pre-subscribed. That in Castile at one point and in Italy at another the medical discourse of emotions drifted to spiritual methods ought to be seen as part of an overall negotiation between medical notions of emotions and the discourses in which they were embedded. It is then as curious that thirteenth- and fourteenth-century physicians strove to maintain disciplinary discourse, as that their predecessors strove to undo these barriers. Physicians were active in defining and defending the material view of emotions. This was a self-conscious task intended to establish a professional perspective, and was successful. The spread of the humoural view of emotions is seen in many facets of medieval culture well into the early modern period. That confessor manuals and devotional literature from the thirteenth century on incorporated this view into their own no-less-solid view of emotions is a telling demonstration of their impact.

Furthermore, the episodes of change in Castile and Italian discourses on sorrow cannot be understood as an unavoidable end. Although a common

story rests on the common ground of restless maintenance of an intricate boundary, the forces active in Castile were not the same as those in Italy. In both cases, it is true, the question of patronage was vital to the authors of medical works, and the religious cultures were similarly infused with the language of penance and meditation of vice. And yet, it seems salient that the Castilian treatises project a much more ardent Christian message that is not woven into an analysis of any particular emotion, and that this message is intimately linked to an endorsement of the religious affiliation of the physician. This is an issue with particularly intense implications in the anti-Jewish atmosphere and forced conversions of late fourteenth-century Castile. Instead, the Italian shift in discourse is apparent particularly around the notion of sorrow and is intimately linked to social and cultural engagement with grief and its display. Considering the future preoccupation with melancholy, it is through this window that a new possibility opened for incorporating moral and spiritual thought into the medical discourse of emotions more broadly.

This reading requires the consideration of the various ways that knowledge and discourse circulated across the Western Mediterranean. This was a rich area in terms of learned activity. The universities of northern Italy and Montpellier and the courts of popes, kings, archbishops, and dukes nourished an active community of physicians who put to paper their views about medicine and its practice. As these texts, and sometimes the authors themselves, traveled, knowledge was passed on to remote areas. Seville is a good example of such transmission. Acquisition of medical texts from Italy and Montpellier and movement of people made possible the development of learning in a place that in the fourteenth century was still rather peripheral to broader society. Through this transmission the area came to take part in the culture of medicine beyond Castile and Iberia. Nevertheless, its remote station in Iberia and its still-nascent elite and learned culture made it possible to develop there a local agenda which in turn would shape shared knowledge. It also condemned to isolation Castile's production at the turn of the fifteenth century. These vernacular texts did not journey to the centres of learning, and their distribution remained within the particular culture that gave birth to it. This changed a century later when Seville and Spain more broadly took up a new, much more influential role in the life of the western Mediterranean. As ties with Italy, rather than Montpellier, grew, the new fashions of Italy reached Spain as well. The rise of the "age of melancholy" in Spain then may be more indebted to currents in contemporary Italy than to the professed Christian physicians of the late fourteenth century. The "case studies" of Italy and Castile are suggestive with regard to how knowledge was shaped in the western Mediterranean within the relationship of centre and periphery.

The discourse of emotions brings to light an interesting balance between dependence on established centres of learning and innovation made possible by the changing circumstances of language, readership, and institutions. In addition to bringing attention to the manufacturing of knowledge, this nexus of centre and periphery may serve as a springboard for further studies of the history of emotions. In this respect, a possible avenue of inquiry is how communities share and innovate upon established cultures of emotions in response to their physical or symbolic location on the centre-periphery spectrum.

The delicate tension between medicine and religion in the case of emotions highlights for us the force of disciplinary boundaries in medieval intellectual culture. In recent years we have come to recognize the overwhelming influence of medical knowledge on medieval life, and particularly on its intellectual culture. Not only theologizing physicians, but many other theologians, preachers, authors of devotional texts, and poets assimilated medical concepts and a view of nature based on scientific notions. This material understanding of creation certainly became a popular prism through which to view the living world. Emotions were widely understood to be part of this natural movement. At the same time, we can safely surmise that in the penitential culture of the period, the moral Christian implications of emotional states were not lost on even the staunchest of humouralists. Thus we see that within medical texts there was an ongoing movement between integration and compartmentalization of such ideas. This oscillation reflected not only religiosity and knowledge but also professional considerations.

The impact of professional development on the discourse of emotions has typically been treated by histories of modern societies. As sociological definitions of professions are not fully applicable to the medieval environment of work, medieval histories often opt to investigate disciplines of knowledge instead. And yet in the context of emotions, this prism allows us to identify the peculiarity of the learned medical discourse of emotions. Within its professional boundary this discourse was part of a comprehensive scheme of theory and practice. Despite a flow of ideas about the humourality of emotions apparent in extra-medical discourse, these are absorbed in a diluted manner. Moreover, within the profession of medicine the discourse of emotions is intimately linked to the design of the profession of medicine and the responsibilities and roles of physicians.

The assertion that ideas put forward by learned physicians in the medieval period are of pivotal value, responds to another current in contemporary historiography of emotions. A surge of studies on the topic, alongside a pronounced call for historians of modern periods to examine earlier scientific and medical

ideas about emotions, has emerged.¹ Striving to better contextualize recent developments in neuroscience and cognitive psychology, historians aim to make explicit conventions of discourse and bring to light unconscious assumptions directing the research. Such histories generally begin somewhere around the seventeenth century (perhaps with a salutary tribute to Aristotle, Galen, or Aquinas). However, attention to the Middle Ages, with its discussions of the history of scientific thought about emotions, is vital to the project. Although key models of scientific thought vary and the payoff for triumphant discovery-based history is thin, medieval science and medicine do offer a helpful thinking tool for revealing conventions of discourse. This study on the intersection between medical and religious discourse of emotions, which demands that we reread the narrative of the history of emotions as a long process of secularization or naturalization of concepts, epitomizes this point.

In *From Passions to Emotions*, Thomas Dixon argued that the linguistic switch from “passions” to “emotions” in the eighteenth century attests a conceptual shift marked by a secularization of the world of feelings.² His analysis of the medieval world, centring on Augustine and Aquinas, stresses the omnipresence of Christian moral thought for the period’s analysis of the passions. This reading of medieval emotions is problematic on several grounds, but its disregard of the period’s medical discourse leads to particular difficulties with his book’s overall narrative. For Dixon it is only with the appearance of this new word that discourse devoid of religious connotations can develop. In many ways *accidentia*, a term not mentioned in his account, is just that. The term is one particularly reserved for medieval scientific discourse hardly appearing in other contexts. Physicians and natural philosophers did at times alternate between *passiones* and *accidentia*, but significantly, the latter continued to figure in medical texts through the sixteenth century. What this means for Dixon is that his convincing final words on the disciplinary struggle between traditionalists and secularists should be reframed to have a much earlier, more complex history.

That medieval medical discourse on emotions presented a naturalistic approach well before the Enlightenment indicates that these could develop also

1 Otniel E. Dror, Bettina Hitzer, Anja Laukötter, and Pilar León-Sanz, “History of Science and the Emotions: Perspectives and Challenges—An Introduction,” *Osiris* 31 (2016): 1–18 includes a thorough survey of the modern field. See also Jan Plamper, *The History of Emotions. An Introduction* (Oxford: Oxford University Press, 2015).

2 Thomas Dixon, *From Passions to Emotions: The Creation of a Secular Psychological Category* (Cambridge: Cambridge University Press, 2003), 231–251.

within an entrenched worldview of emotions as moral acts. But this account also teaches an important lesson concerning the fallacies of periodization in the history of emotions, a question with which historians of emotions have been grappling for some time. Not only is there a universalist approach that denies the possibility that emotions changed through history, but the ephemeral nature of emotional countenance makes discerning changes especially problematic. The “pre-modern” time-frame has been favored by institutions and authors in their attempts to account for historical change. This broad time span, often numerically denoted somewhere between 1100 and 1800, facilitates the examination of changes and continuities in discourse, performance, theory, and artistic representation of emotions. This scope perhaps aligns with the demands of financial necessity, yet the designation “pre-modern” is not only a survivalist mode. Medical and scientific understandings of the soul and its faculties and the force of the religious premise support the idea that this is a rather unified period still broad enough to reveal changes in mentalities. Thus the idea of the *longue durée* of the Annales School has been reinvigorated for the study of affects, sensibilities, and emotions, in which arguments of historical change are particularly difficult to pin down.

The history of the learned medical discourse of emotions in the later Middle Ages is not one of colossal change. The issues and debates that appear at the rise of scholastic medicine in the early thirteenth century still preoccupied medical, philosophical, and pastoral actors more than two hundred years later. In fact, the most substantial issues have vexed medical and philosophical thought about emotions from antiquity and continue to do so in the post-modern world. The relationship between body, soul, and mind as it manifests in emotional occurrences was as much a puzzle for the stoics as it is for neurobiologists and psychologists of the twenty-first century. Treatment and authority to treat “mental” or “psychosomatic” states are as confusing for the modern medical market as they were in medieval times. Concentrating on the pre-modern period, it is not only the questions that remain in a state of flux for much of the broad social situation of the early modern period was rooted in the medieval framework. Within the western Mediterranean, the varied medical market, key concepts in science, philosophy, and relatively constant concepts in theology and pastoral care, all demanded that the negotiation of treatment of the accidents of the soul would carry on. And yet, given a view that captures the period ranging from the early thirteenth to the sixteenth centuries, there is no doubt that shifts did occur in the discourse of emotions in all three areas of thought. The aim of this study was to chart the details of this change in medicine in particular. Scrutinizing the ongoing musings and debates on the nature of emotions and appropriate methods of treatment

reveals the unrest that accompanied learned medicine's dealing with emotions. This unrest is as much about ideas and theories of emotions as it is about the maintenance and undoing of disciplinary boundaries, rather than all-encompassing and unidirectional developments.

The rise of interest in emotions in European medieval history has often been driven by an attempt to dispel myths of pre-modern people as uninhibited, uncultured, and unmonitored by disciplinary regimes.³ To demonstrate the diversity of schemes and mechanisms of affectivity in the Middle Ages, scholarship has emphasized enclaves of meaning. Esther Cohen demonstrated this with regard to the multitude of meanings of pain; related studies on vengeance have yielded corresponding findings; and Barbara Rosenwein coined the term "emotional communities" in order to capture the simultaneous existence of emotional cultures. *The Care of the Living Soul* concerns itself mainly with the interaction between such enclaves of emotion discourse. Guided by the assumption, noted as well by the scholars mentioned above, that medieval people actually moved throughout their lives between the various perceptions of emotions or between "emotional communities," this study has sought to understand how this movement shaped medical discourses of emotions. In doing so, what comes to light is that pastoral discourse of sins and virtues in its engagement with emotion was also in transition in the period and that it too was shaped by the cultures it aimed to serve. Future scholarship may reveal how the recipients of these services, patients and penitents, responded to these discourses and negotiated between them.

3 This reaction to Norbert Elias and Johan Huizinga has been expressed clearly in Barbara H. Rosenwein, "Worrying about Emotions in History," *The American Historical Review* 107:3 (2002), 821–845.

Bibliography

Manuscripts

- Cambridge, Trinity, MS 1239 (O.4.8).
Edinburgh, University Library, MS 175.
Erfurt, Stadt-und Regionalbibliothek, MS CA 40 294.
Paris, Bibliothèque nationale de France, MS Lat. 15970.
London, British Library, Harley MS 1676.
MS 3244.
Madrid, Biblioteca Nacional, MS 1877.
MS 3384.
MS 4220.
MS 9299.
MS 9535.
MS 10571.
MS 18052.
Madrid, Real Academia Española, MS 155.
Madrid, Escorial, MS b.IV.34.
Melk, Stiftsbibliothek, MS 728 (967).
Munich, Bayerische Staatsbibliothek, MS CLM. 205.
Oxford, All Souls, MS 75.
Parma, Biblioteca Palatina, MS 2474.
Subiaco, Biblioteca dell'Abbazia, Cod. CLXX (174).
Toledo, Biblioteca del Cabildo, cod. 22–13.
Tortosa, Archivio de la Catedral, cod. 253.
Vienna, Schottenkloster, MS 95.
Wrocław, Biblioteka Uniwersytecka we Wrocławiu, MS III Q 19.

Early Printed Sources

- Alfonso Madrigal, *Confesional del Tostado* (Burgos, 1500).
Andreas de Escobar, *Modus confitendi* (Magdeburg, 1490).
Angelus Carletus, *Summa de casibus conscientiae* (Strassburg, 1515).
Antoninus Florentinus, *Confessionale* (Strassburg, 1490).
Antonio Cermisone, *Consilia medica* (Venice, 1495).
Antonio Gazio, *Florida corona medicinae de conservatione sanitatis* (Lyon, 1541).
Antonius Guainerius, *Practica Antonii Gvainerii Papiensis doctoris clarissimi et omnia opera* (Venice, 1508).

- Arnaldus de Villanova, *Speculum medicine*, in *Hec sunt opera Arnaldi de Villanova que in hoc volumine continentur...* (Lyon, 1504).
- Astesanus de Ast, *Summa Astensis* (Lyon, 1519).
- Baptista de Salis, *Summa Roselle de casibus conscientie* (Strasbourg, 1516).
- Bartholomaeus de Chaimis, *Confessionale* (Nuremberg, 1477).
- Bartholomaeus de Montagnana, *Consilia CCCV. In quibus agitur de universis fere aegritudinibus, humano corpori evenientibus, & mira facilitate, curandi eas adhibetur modus* (Venice, 1497).
- Bartholomaeus de Montagnana, *Consilia CCCV. In quibus agitur de universis fere aegritudinibus...* (Venice, 1564).
- Bartholomaeus Montagnana, *Consilia Montagnane* (Lyon, 1525).
- Bartholomaeus de San Concordio, *Summa de casibus conscientiae* (Cologne, 1474).
- Baverio Baviera, *Consilia medica* (Bologna, 1489).
- Benedetto Reguardati di Norcia, *De conservatione sanitatis* (Rome, 1475).
- Bernard de Gordon, *Opus, lilium medicinae inscriptum...* (Lyon, 1574).
- Domingo de Valtanas Mejía, *Summa confessorum* (Sevilla, 1526).
- Galen, *Liber Tegni Galieni*, in *Articella* (Venice, 1483).
- Gentile da Foligno, *Consilia* (Pavia, 1488).
- Gentile da Foligno, *Primus (et secundus) Avicennae* (Venice, 1520).
- Gilbertus Anglicus, *Compendium medicine* (Lyon, 1510).
- Giovanni Matteo Ferrari da Grado, *Consilia* (Venice, 1521).
- Giovanni Matteo Ferrari da Grado, *Consummatissimi artium et medicine doctoris domini Ioannes Matthei...* (Lyon, 1535).
- Giovanni Michele Savonarola, *Practica Iohannis Michaelis Savonarole* (Venice, 1547).
- Girolamo Manfredi, *Opera intitulata il Perche alla conservatione della sanità* (Venice, 1553).
- Girolamo Savonarola, *Eruditorium confessorum Fratris Hieronymi Savonarole Ferrariensis ordinis predicatorum* (Paris, 1511).
- Guglielmo da Brescia, *Ad unamquamque egritudinem a capite ad pedes practica* (Venice, 1508).
- Guglielmo da Saliceto, *Summa conservationis et curationis* (Antwerpen, 1495).
- Guido de Monte Rocherii, *Manipulus curatorum* (Hagenau, 1508).
- Guillaume Perault, *Summa virtutum ac vitiorum* (Lyon, 1546).
- Hugo de Folieto, *De medicina anime*, PL 176.
- Isidore of Seville, *Etymologiarum libri xx*, 4:9 PL col. 193a.
- Jacobus de Forlivio, *Expositio et quaesiones in primum canonem Avicennae* (Venice, 1547).
- Jacobus de Forlivio, "Questiones super tribus technis Galeni libris," in *Commentum Halii Rodoan in veterem librorum Techni Galeni translationem* (Pavia, 1501).
- Jacobus de Voragine, *Sermones Aurei, Dominica XVII post trinitat* (Paris, 1528).

- Juan Alfonso de Benavente, *Tractatus de penitentiis et actibus penitentium et confessorum cum forma absolutionum de canonibus penitentialibus* (Salamanca, 1502).
- Maino de Maineri, *Regimen sanitatis magnini mediolanesis* (Paris, 1483).
- Niccolò Falcucci, *Sermones medicinales septem* (Venice, 1490).
- Niccolò Lugaro, *Sermones aurei funebres cunctos alios excellentes noviter inventi* (Paris, 1512).
- Peter of Blois, *De duodecim utilitatibus tribulationis*, in *PL* 207, col. 992–993.
- Petrus Turisanus, *Plusquam commentum in microtegni Galeni*, (Venice, 1498).
- Petrus Tussignano, *De regimine Sanitatis* (Paris, 1533).
- Petrus Tussignano, *Tractatus de peste* (Bologna, 1480).
- Raymond de Peñafort, *Summa Sti. Raymundi de Peniafort Barcionensis ord. Praedicator de poenitentia et matrimonio cum glossis Ioannis de Friburgo* (Farnborough: Gregg Press, 1967).
- Sebastián Ota, *Tractatus de confessione* (Salamanca, 1497).
- Taddeo Alderotti, *Expositiones in arduum aphorismorum Ipocratis...* (Venice, 1527).
- Taddeo Alderotti, *In C. Gal. Micratechnen commentarii secunde editionis emaculati...* (Naples, 1522).
- Taddeo Alderotti, *Libellus de sanitate facus per magistrum Tadeum de Florentia* (Bologna, 1477).
- Thomas de Cantimpré, *Bonum universale de apibus* (Douai, 1627).
- Tommaso del Garbo, *Summa medicinalis* (Venice, 1531).
- Ugo Benzi, *Consilia ad diversas aegritudines* (Pavia, 1496–99).
- Ugo Benzi, *Consilia Ugonis Senensis saluberrima ad omnes egritudines...* (Venice, 1518).
- Ugo Benzi, *Expositio in libros Tegni, seu Artem medicam, una cum textu Galeni* (Alcala de Henares, 1498).
- Ugo Benzi, *Expositio super aphorismos Hippocratis et super Galeni commentum* (Venice, 1498).
- Ugo Benzi, *Super primo canon. Avicenne preclara expositio* (Pavia, 1518).

Printed Sources

- Alain de Lille, *Liber Poenitentialis*, ed. Jean Longère (Louvain: Éditions Nauwelaerts, 1965).
- Albertus Magnus, *De anima*, ed. Wilhelm Kübel, in *Opera omnia* (Westfal monastery: Aschendorff, 1968).
- Aldobrandino da Siena, *Le régime du corps de maître Aldebrandin de Sienne: texte français du XIIIe siècle, publié pour la première fois d'après les manuscrits de la Bibliothèque nationale et de la Bibliothèque de l'Arsenal*, ed. Louis Landouzy and Roger Pepin (Geneva: Slatkine, 1978).

- Alonso Chirino, *Menor Daño de la medicina de Alonso Chirino: Edición crítica y glosario*, ed. María Teresa Herrera (Salamanca: Universidad de Salamanca, 1973).
- Anonymous, "Life of Soul," trans. Paul F. Schaffner, in *Cultures of Piety: Medieval English Devotional Literature in Translation*, ed. Anne Clark Bartlett and Thomas Howard Bestul (Ithaca, Cornell University Press, 1999).
- Anonymous, "Un commentaire semi-Averroïste du traité de l'âme," in *Trois commentaires anonymes sur le traité de l'âme d'Aristote*, ed. Maurice Giele, Fernand Van Steenberghen, and Bernard Bazán (Louvain: Publications universitaires, 1971).
- Antonio Benivieni, *Antonii Benivienii de regimine sanitatis ad laurentium medicem* ed. Luigi Belloni (Torino: Società Italiana di Patologia, 1951).
- Aristotle, *Problems*, Books XXII–XXXVIII, trans. W.E. Hett (Cambridge, MA: Harvard University Press, 1961).
- Arnaldus de Villanova, *Tractatus de amore heroico epistola de dosi tyriacalium medicinarum*, ed. Michael R. McVaugh, in *AVOMO* III (Barcelona: Seminarium Historiae Medicae Cantabricense, 1985).
- Arnaldus de Villanova, *Regimen sanitatis ad regem Aragonum*, ed. L. García-Ballester, J.A. Paniagua, and M.R. McVaugh, in *AVOMO* X.1 (Barcelona: Seminarium Historiae Scientiae Barchinone, 1996).
- Arnaldus de Villanova, *Tractatus de intentione medicorum*, ed. Michael R. McVaugh, in *AVOMO* V.1 (Barcelona: Universidad de Barcelona, 2000).
- Avicenna, *Liber de anima seu Sextus de naturalibus*, ed. S. van Riet (Louvain: Editions Orientalistes, 1968–1972).
- Bartholomaeus of Salerno, *Practica Magistri Bartholomei Salernitani*, in *Collectio Salernitana*, ed. Salvatore De Renzi (Naples: Filiatre-Sebezio, 1859, repr. 2001), 4:320–406.
- Bernardino da Siena, *Operette Volgari*, ed. P. Dionisio Pacetti (Florence: Libreria Editrice Fiorentina, 1938).
- Bizzarri, Hugo Ó., and Carlos N. Sainz de la Maza, eds., "El Libro de confesión de Medina de Pomar (I)," *Dicenda: Cuadernos de Filología Hispánica* 11 (1993): 35–55.
- Bizzarri, Hugo Ó., and Carlos N. Sainz de la Maza, "El Libro de confesión de Medina de Pomar (II)," *Dicenda: Cuadernos de Filología Hispánica* 12 (1994): 19–36.
- Bizzarri, Hugo Ó., and Carlos N. Sainz de la Maza, "El Libro de confesión de Medina de Pomar (III)," *Dicenda: Cuadernos de Filología Hispánica* 13 (1995): 25–37.
- Bizzarri, Hugo Ó., and Carlos N. Sainz de la Maza, "El Libro de confesión de Medina de Pomar (IV)," *Dicenda: Cuadernos de Filología Hispánica* 14 (1996): 47–58.
- Collectio Salernitana*, ed. Salvatore De Renzi, 5 vols. (Naples: Filiatre-Sebezio, 1859, repr. 2001).
- Coluccio Salutati, *Epistolario*, ed. Francesco Novati, vol. 3 (Rome: Tipografi del Senato, 1896).
- Domenico Cavalca, *Specchio de' peccati*, ed. Francesco del Furia (Florence: Tipografia all'Inesgna si Dante, 1828).

- Domenico Cavalca, *Lo Spechio della croce* (Bologna: Edizioni Studio Domenicano, 1992).
- Elaut, L., "The Walcourt Manuscript: A Hygienic Vade-Mecum for Monks," *Osiris* 13 (1958): 184–209.
- Fernando Álvarez, "Regimiento contra la peste," Madrid: Biblioteca Nacional 1–100, ed. María Purificación Zabía, in *Textos y concordancias electrónicos del corpus médico español*, ed. Teresa Herrera and Estela Gonzáles de Fauve (Madison: Hispanic Seminary of Medieval Studies, 1997).
- Fernando de Talavera, "Breve forma de confesar," in *Escritores místicos españoles*, ed. Miguel Mir (Madrid: Bailly/Baillière, 1911), 3–35.
- Fiore di Virtù*, ed. Agenore Gelli (Florence: Felice Le Monnier, 1856).
- Francesco Petrarca, *Invectives* (Cambridge, MA: Harvard University Press, 2003).
- Francesco Petrarca, *Rimedi all'una e all'altra fortuna*, ed. Enrico Fenzi (Naples: La scuola di Pitagora editrice, 2009).
- Gerardo de Berneriis, *I Consilia di Gerardo de Berneriis di Alessandria*, ed. Flavio Ballerstrasse (Pisa: Giardini, 1970).
- Geremia Simeoni, *De conservanda sanitate: I consigli di un medico del quattrocento*, ed. Mario d'Angelo (Cassacco: Comune di Cassacco, 1993).
- Gilberto, *El libro de recetas* Madrid, MS Palacio II/3063, ed. Isabel Zurrón, in *Textos y concordancias electrónicos del Corpus Médico Español*, ed. Teresa Herrera and Estela Gonzáles de Fauve (Madison: Hispanic Seminary of Medieval Studies, 1997).
- Giordano da Pisa, *Quaresimale Fiorentino 1305–1306*, ed. Carlo Delcorno (Florence: Sansoni, 1974).
- Giovanni Michele Savonarola, *Libreto de tutte le cosse che se magnano: un'opera di dietetica del sec. XV*, ed. J. Nystedt (Stockholm: Almqvist & Wiksell International, 1988).
- Guglielmo da Brescia, *Die Bedeutung Wilhelms von Brescia als Verfasser von Konsilien*, ed. E.W.G Schmidt (Leipzig: Lehmann, 1922).
- Hippocrates, *Hippocratic Writings*, ed. G.E.R. Lloyd, trans. J. Chadwick and W.N. Mann et al. (London: Penguin Books, 1978 repr. 1983).
- Jacme d'Agramont, *Regiment de preservació de pestilència: (Lleida, 1348)*, ed. Jon Arrizabalaga, Luis García-Ballester, and Joan Veny (Alacant: Biblioteca Virtual Joan Lluís Vives, 1999).
- Jacobus de Voragine, *Sermones aurei*, ed. Robert Clutius (Vienna, 1760).
- Jacopo Passavanti, *Lo Specchio della vera penitenzia*, vol. 1 (Florence: Ciardetti, 1821).
- Jean Buridan, *Expositio in Aristotelis De anima: Le traité de l'âme de Jean Buridan*, ed. Benoît Patar (Louvain-la-Neuve: Éditions de l'institut supérieur de philosophie, 1991).
- Jean de la Rochelle, *Summa de anima*, ed. Jacques Guy Bougerol (Paris: Librairie Philosophique J. Vrin, 1995).

- Jean Gerson, *Oeuvres complètes*, ed. Mgr Glorieux, vol. 7.1 (Paris: Desclée & cie, 1968).
- Juan de Aviñón, *Sevillana medicina*, ed. José Mondéjar (Toledo: Arco/Libros, S.L., 2000).
- Licenciado Fores, "Tratado util contra la pestilencia," Toledo: Catedral R/1010-4, ed. María Purificación Zabía, in *Textos y concordancias electrónicos del corpus médico español*, ed. Teresa Herrera and Estela Gonzáles de Fauve (Madison: Hispanic Seminary of Medieval Studies, 1997).
- Marsilio Ficino, *The Letters of Marsilio Ficino*, trans. Members of the Language Department of School of Economic Science, London, vol. 1 (London: Shepherd-Walwyn, 1975), 39-40.
- Marsilio Ficino, *Three Books on Life: A Critical Edition and Translation with Introduction and Notes*, ed. Carol V. Kaske and John R. Clark (Tempe: The Renaissance Society of America, 1998).
- Martín Pérez, *Libro de las confesiones*, ed. Antonio García y García, Bernardo Alonso Rodríguez, and Francisco Cantelar Rodríguez (Madrid: Biblioteca de autores cristianos, 2002).
- McVaugh, Michael R., "The *Experimenta* of Arnald of Villanova," *Journal of Medieval and Renaissance Studies* 1.1 (1971): 107-118.
- Nicolaus Oresme, *Nicolai Oresme Expositio et quaestiones in Aristotelis De anima*, ed. Benoît Patar and Claude Gagnon (Louvain-la-Neuve: Editions de l'institut supérieur de philosophie, 1995).
- Pedro Hispano, *Obras filosóficas: Comentario al "De anima" de Aristóteles*, ed. S.I. Manuel Alonso (Madrid: Instituto de Filosofía "Luis Vives," 1944).
- Pedro Hispano, *Obras médicas de Pedro Hispano*, ed. H. Da Rocha Pereira (Coimbra: Acta Universitatis Conimbrigensis, 1973).
- Pierre de Capestang, *Cura contra dispositionem ad paralysim*, ed. E. Wickersheimer, in *Bulletin de la société française d'histoire de la médecine* 18 (1924): 103-106.
- Pietro Tommasi, "Consilium itinerarii," in *Un giudizio di Pietro Tommasi*, ed. A. Ben-zoni, *L'Ateneo Veneto* 30 (1907): 24-40.
- Pini, Virgilio, "La *summa de vitiis et virtutibus* di Guido Faba," *Quadrivium* 1 (1956): 41-152.
- Plato, *Timaeus*, trans. Peter Kalkavage (Newburyport: Focus Publishing, 2001).
- Plato Latinus, *Timaeus*, ed. J.H. Waszink (Leiden: Brill, 1962).
- Robert of Flamborough, *Liber poenitentialis*, ed. J.F. Firth (Toronto: Pontifical Institute of Mediaeval Studies, 1971).
- Roy, É., "Un régime de santé du XV^e siècle pour les petits enfants et l'hygiène de Gargantua," in *Mélanges offerts à M. Émile Picot*, vol. 1 (Paris, 1913), 151-159.
- Sánchez Sánchez, Manuel Ambrosio, *Un sermonario Castellano Medieval. El ms. 1854 de la Biblioteca universitaria de Salamanca* (Salamanca: Ediciones Universidad de Salamanca, 1999).
- Secretos de la medicina*, Madrid, MS Palacio 3063, ed. Enrique Jiménez Ríos, in *Textos y concordancias electrónicos del Corpus Médico Español*, ed. Teresa Herrera

- and Estela Gonzáles de Fauve (Madison: Hispanic Seminary of Medieval Studies, 1997).
- Silvestre, H., "Notice sur le manuscrit de Médecine Bruxelles, Bibliothèque Royale 3204-18," *Latomus* 14:4 (1955): 548-560.
- Sudhoff, Karl, "Ein Konsilium für einen an Blasenstein Leidenden von Magister Albertus de Zancris in Bologna," in *Sudhoffs Archiv für Geschichte der Medizin* 8 (1914/15): 125-128.
- Taddeo Alderotti, *I "Consilia,"* ed. Giuseppe Michele Nardi (Tornio: Minerva Medica, 1937).
- Taddeo Alderotti, *Libello per conservare la sanità,* ed. Giuseppe Manuzzi (Florence: Tipografia del vocabolario, 1863).
- Thomas Aquinas, *Opera omnia*, vol. 43 (Rome, Editori di San Tommaso, 1976).
- Thomas Aquinas, *A Commentary on Aristotle's De anima*, trans. Robert Pasnau (New Haven: Yale University Press, 1999).
- Thomas Aquinas, *Summa Theologiae*, ed. Eric D'Arcy, vol. 19 (Cambridge: Blackfriars, 1967).
- Thomas de Chobham, *Summa confessorum*, ed. F. Broomfield (Louvain: Éditions Nauwelaerts, 1968).
- Thomas De Vio Cardinalis Caietanus, *Commentaria in de anima Aristotelis*, ed. I. Cotellet O.P. (Rome: Institutum "Angelicum", 1938).
- Thorndike, Lynn, "Advice from a Physician to His Sons," *Speculum* 6 (1931): 110-114.
- Ugolino da Montecatini, "Consiglio medico di maestr'Ugolino da Montecatini ad Averardo de'Medici," ed. F. Baldasseroni and G. Degli Azzi, *Archivio Storico Italiano* Series 5 38 (1906): 140-152.
- Wickersheimer, Ernest, "Faits cliniques observés à Strasbourg et à Haslach en 1362 et suivis de formules de remèdes," *Bulletin de la société française d'histoire de la médecine* 33:2 (1939): 69-92.
- Wickersheimer, Ernest, "Les secrets et les conseils de maître Guillaume Boucher et de ses confrères: contribution à l'histoire de la médecine à Paris vers 1400," *Bulletin de la société française d'histoire de la médecine* 8 (1909): 199-305.
- William of Auvergne, *Guilelmi Alverni Episcopi Parisiensis Opera omnia*, ed. F. Hotot, and Supplementum, ed. B. Le Feron (Orléans and Paris, 1674; repr. Frankfurt a. M., 1963).

Secondary Sources

- Agrimi, Jole, and Chiara Crisciani, *Edocere medicos: medicina scolastica nei XIII-XV* (Naples: guerini e Associati, 1988).
- Agrimi, Jole, and Chiara Crisciani, *Les "consilia" médicaux*, trans. C. Viola (Tournhout: Brepols, 1994).

- Agrimi, Jole, and Chiara Crisciani, "The Science and Practice of Medicine in the Thirteenth Century according to Guglielmo da Saliceto, Italian Surgeon," in *Practical Medicine from Salerno to the Black Death*, ed. Luís García-Ballester et al. (Cambridge: Cambridge University Press, 1994), 60–87.
- Álvarez Márquez, María del Carmen, *Manuscritos localizados de Pedro Gómez Barroso y Juan de Cervantes, arzobispos de Sevilla* (Sevilla: Servicio de Publicaciones, Universidad de Alcalá, 1999).
- Amasuno Sárraga, Marcelino V., *Alfonso Chirino, un medico de monarcas Castellanos* (Salamanca: Junta de Castilla y León, 1993).
- Amasuno Sárraga, Marcelino V., "The Converso Physician in the Anti-Jewish Controversy in Fourteenth-Fifteenth Century Castile," in *Medicine and Medical Ethics in Medieval and Early Modern Spain: An Intercultural Approach*, ed. Samuel S. Kottke and Luís García-Ballester (Jerusalem: Magnes Press, 1996), 92–118.
- Amundsen, Darrel W., *Medicine, Society, and Faith in the Ancient and Medieval Worlds* (Baltimore: Johns Hopkins University Press, 1996).
- Amundsen, Darrel W., and Gary B. Ferngren, "Medicine and Religion: Pre-Christian Antiquity," in *Health/Medicine and the Faith Traditions*, ed. Martin E. Marty and Kenneth L. Vaux (Philadelphia: Fortress, 1982), 53–92.
- Amundsen, Darrel W., and Gary B. Ferngren, "Medicine and Religion: Early Christianity through the Middle Ages," in *Health/Medicine and the Faith Traditions*, ed. Martin E. Marty and Kenneth L. Vaux (Philadelphia: Fortress, 1982), 93–132.
- Amundsen, Darrel W., and Gary B. Ferngren, "The Early Christian Tradition," in *Caring and Curing: Health and Medicine in the Western Religious Traditions*, ed. Ronald L. Numbers and Darrel W. Amundsen (Baltimore: Johns Hopkins University Press, 1998), 40–64.
- Andretta, Elisa, and Marilyn Nicoud, eds., *Être médecin à la cour: France, Italie, Espagne, XIIIe-XVIIIe siècle* (Florence: SISMEL, 2013).
- Arcangeli, Alessandro, "Gioia e tristezza nella tradizione Galenica (circa 1275–1525)," in *Piacere e dolore: materiali per una storia delle passioni nel Medioevo*, ed. Carla Casagrande and Silvana Vecchio (Florence: SISMEL, 2009), 171–185.
- Archambeau, Nicole, "Tempted to Kill: Miraculous Consolation for a Mother after the Death of Her Infant Daughter," in *Emotions and Health, 1200–1700*, ed. Elena Carrera (Leiden: Brill, 2013), 47–66.
- Arrizabalaga, Jon, *The Articella in the Early Press, c. 1476–1534* (Cambridge: Wellcome Unit for History of Medicine; Barcelona: Department of History of Science, CSIC, 1998).
- Arrizabalaga, Jon, "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners," in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester et al. (Cambridge: Cambridge University Press, 1994), 237–288.

- Bacchelli, Franco, "Montagnana, Bartolomeo," in *Dizionario Biografico degli Italiani* 75 (Rome: Istituto della Enciclopedia Italiana, 2011), available online at <[http://www.treccani.it/enciclopedia/bartolomeo-montagnana_\(Dizionario-Biografico\)](http://www.treccani.it/enciclopedia/bartolomeo-montagnana_(Dizionario-Biografico))>.
- Bakker, Paul J.J.M., and Johannes M.M.H. Thijssen, eds., *Mind, Cognition and Representation: The Tradition of Commentaries on Aristotle's De anima* (Burlington: Ashgate, 2007).
- Baloup, Daniel, "L'enseignement et les pratiques du salut en Castille au XVe siècle," in *L'enseignement religieux dans la Couronne de Castille: Incidences spirituelles et sociales (XIIIe–XVe siècle)*, ed. Daniel Baloup (Madrid: Casa Velázquez, 2003), 103–123.
- Banker, James R., "Mourning a Son: Childhood and Paternal Love in the *Consolateria* of Giannozzo Manetti," *History of Childhood Quarterly* 3 (1976): 351–62.
- Bazán, B. Carlos, "13th-Century Commentaries on *De anima*: from Petrus Hispanus to Thomas Aquinas," in *Il Commento filosofico nell'Occidente latino (secoli XIII–XV)*, ed. G. Fioravanti, C. Leonardi, and S. Perfetti (Tournhout: Brepols, 2002), 119–184.
- Beaujouan, Guy, *Science médiévale d'Espagne et d'alentour* (Aldershot: Ashgate, 1992).
- Belfiore, Elizabeth S., *Tragic Pleasures: Aristotle on Plot and Emotion* (Princeton: Princeton University Press, 1992).
- Ben-Aryeh, Debby Nirit, *Renaissance Florence in the Rhetoric of Two Popular Preachers: Giovanni Dominici (1356–1419) and Bernardino da Siena (1380–1444)* (Turnhout: Brepols, 2001), 100.
- Ben Shalom, Ram, "The First Jewish Work on the Seven Deadly Sins and the Four Virtues," *Mediaeval Studies* 75 (2013): 205–270.
- Beresford, Andrew M., "The Poetry of Medieval Spain," in *The Cambridge History of Spanish Literature*, ed. David T. Gies (Cambridge: Cambridge University Press, 2004), 89–90.
- Bernstein, Alan E., "Heaven, Hell and Purgatory: 1100–1500," in *The Cambridge History of Christianity: Christianity in Western Europe, c.1100–c.1500*, vol. 4, ed. Miri Rubin and Walter Simons (Cambridge: Cambridge University Press, 2009), 200–216.
- Besserman, Lawrence L., *The Legend of Job in the Middle Ages* (Cambridge, MA: Harvard University Press, 1979).
- Biller, Peter, and Joseph Ziegler, eds., *Religion and Medicine in the Middle Ages* (Woodbridge: York Medieval Press, 2001).
- Bisson, Sebastiano, "Le témoin gênant: Une version Latine du régime du corps d'Aldebrandin de Sienna," *Médiévales* 21:42 (2002): 117–130.
- Bloomfield, Morton W., *The Seven Deadly Sins: An Introduction to the History of a Religious Concept, with Special Reference to Medieval English Literature* (East Lansing: Michigan State College Press, 1952).
- Bonzol, Judith, "The Medical Diagnosis of Demonic Possession in an Early Modern English Community," *Parergon* 26:1 (2009): 115–140.

- Boquet, Damien, *L'Ordre de l'affect au Moyen Âge. Autour de l'anthropologie affective d'Aelred de Rievaulx* (Caen: Publications du CRAHM, 2005).
- Boquet, Damien, and Piroska Nagy, eds., *Le sujet des émotions au Moyen Âge* (Paris: Beauchesne, 2009).
- Boquet, Damien, and Piroska Nagy, *Sensible Moyen Âge: Une histoire des émotions dans l'Occident médiéval* (Paris: Seuil, 2015).
- Boquet, Damien, and Piroska Nagy, "Medieval Sciences of Emotions in the 11th–13th Centuries: An Intellectual History," *Osiris* 31 (2016): 21–45.
- Boureau, Alain, "Le statut nouveau des passions de l'âme au XIII^e siècle," in *Le sujet des émotions au Moyen Âge*, ed. Nagy and Boquet, 187–200.
- Brann, Noel L., *The Debate over the Origin of Genius during the Italian Renaissance* (Leiden: Brill, 2002).
- Britton, Piers D., "Humoral Exemplars Type and Temperament in Cinquecento Painting," in *Visualizing Medieval Medicine and Natural History, 1200–1550*, ed. Jean Ann Givens, Keren Reeds, and Alain Touwaide (Aldershot: Ashgate, 2006), 177–203.
- Bullough, Vern L., *The Development of Medicine as a Profession* (Basel: S. Karger, 1966).
- Bullough, Vern L., *Universities, Medicine and Science in the Medieval West* (Burlington: Ashgate, 2004).
- Caiazza, Irene, "Nature et découverte de la nature au XII^e siècle: nouvelles perspectives," *Quaestio* 15 (2015): 47–72.
- Calabritto, Monica, "Curing Melancholia in Sixteenth-Century Medical *Consilia* between Theory and Practice," *Medicina nei Secoli: Arte e Scienza* 24/3 (2012): 627–664.
- Carré, Antònia, and Lluís Cifuentes, "Girolamo Manfredi's *Il Perche*: I. The *Problemata* and Its Medieval Tradition," *Medicine & Storia* X, 19–20 (2010): 13–38.
- Carrera, Elena, ed., *Emotions and Health, 1200–1700* (Leiden: Brill, 2013).
- Casagrande, Carla, "La moltiplicazione dei peccati. I cataloghi dei peccati nella letteratura pastorale dei secoli XIII–XV," in *La peste nera: Dati di una realtà ed elementi di una interpretazione: atti del XXX Convegno storico internazionale, Todi, 10–13 Ottobre 1993* (Spoleto: Centro Italiano di Studi Sull'alto Medioevo, 1995), 253–284.
- Casagrande, Carla, "'Motions of the Heart' and Sins: The Specchio de' peccati by Domenico Cavalca, OP," trans. Helen Took, in Newhauser, ed., *In the Garden of Evil*, 128–144.
- Casagrande, Carla, and Silvana Vecchio, "Les théories des passions dans la Culture Médiévale," in *Le sujet des émotions au Moyen Âge*, ed. Nagy and Boquet, 107–122.
- Casagrande, Carla, and Silvana Vecchio, *Passioni dell'anima: Teorie e usi degli affetti nella cultura medievale* (Florence: SISMEL, 2015).
- Cátedra, Pedro M., *Sermon, sociedad y literatura (San Vicente Ferrer en Castilla [1411–1412]): Estudio bibliográfico, literario y edición de los textos inéditos* (Valladolid: Junta de Castilla y León, 1994).

- Cavallo, Sandra, and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013).
- Cifuentes, Lluís, "Translatar Sciència en romans catalanesch: la difusió de la medicina en català a la baixa edat mitjana I el renaixement," *Llengua & Literatura* 8 (1997): 7–42.
- Cifuentes, Lluís, "Université et vernacularisation au bas Moyen Âge: Montpellier et les traductions catalanes médiévales de traités de médecine," in *Université de médecine de Montpellier et son rayonnement (XIIIe–XVe siècles): Actes du colloque international Méditerranée occidentale (Université Paul Valéry—Montpellier III), 17–19 mai 2001* (Tournhout: Brepols, 2004), 273–290.
- Cohen, Esther, *The Modulated Scream: Pain in Late Medieval Culture* (Chicago: University of Chicago Press, 2010).
- Cohen-Hanegbi, Naama, "The Matter of Emotions: Priests and Physicians on the Movements of the Soul," *Convergence/Divergence: The Politics of Late Medieval English Devotional and Medical Discourses*, special issue of *Poetica: An International Journal of Linguistic-Literary Studies* 72, ed. Denis Renevey and Naoë Kukita Yoshikawa (2009): 21–42.
- Cohen-Hanegbi, Naama, "The Emotional Body of Women: Medical Practice between the 13th and 15th Centuries," in *Le sujet des émotions au Moyen Âge*, ed. Piroška Nagy and Damien Boquet (Paris: Beauchesne, 2009), 465–482.
- Cohen-Hanegbi, Naama, "Pain as Emotion: The Role of Emotional Pain in Fifteenth-Century Italian Medicine and Confession," in *Knowledge and Pain*, ed. Esther Cohen et al. (Amsterdam: Rodopi, 2012), 63–84.
- Cohen-Hanegbi, Naama, "Mourning under Medical Care: A Study of a consilium by Bartolomeo Montagnana," *Parergon* 31.2 (2014): 35–54.
- Cohen-Hanegbi, Naama, "A Moving Soul: Emotions in Late Medieval Medicine," *Osiris* 31 (2016): 46–66.
- Cohen-Hanegbi, Naama, "Jean of Avignon: Conversing in Two Worlds," *Medieval Encounters* 22 (2016): 165–192.
- Courtenay, William J., *Parisian Scholars in the Early Fourteenth Century: A Social Portrait* (Cambridge: Cambridge University Press, 1999).
- Cranz, F.E., "Perspectives de la Renaissance sur le *De anima*," in *Platon et Aristote à la Renaissance* (Paris: Librairie Philosophique J. Vrin, 1976), 359–376.
- Crisciani, Chiara, "History, Novelty and Progress in Scholastic Medicine," *Osiris*, 2nd series 6 (1990): 118–139.
- Crisciani, Chiara, "L'individuale nella medicina tra medioevo e umanesimo: I *Consilia*," in *Umanesimo e medicina: Il problema dell' 'individuale'*, ed. Roberto Cardini and Mariangela Regoliosi (Rome: Bulzoni, 1996), 1–32.
- Crisciani, Chiara, "Consilia responsi, consulti: I pareri del medico tra insegnamento e professione," in *Consilium: Teorie e pratiche*, ed. Carla Casagrande, Chiara Crisciani, and Silvana Vecchio (Florence: SISMEL, 2004), 259–279.

- Crisciani, Chiara, "Éthique des *consilia* et de la consultation: à propos de la cohésion morale de la profession médicale (XIII^e–XIV^e siècles)," trans. Marilyn Nicoud, *Médiévales* 46 (2004): 23–44.
- Crisciani, Chiara, "Histories, Stories, *Exempla*, and Anecdotes: Michele Savonarola from Latin to Vernacular," in *Historia: Empiricism and Erudition in Early Modern Europe*, ed. Gianna Pomata and Nancy G. Siraisi (Cambridge: The MIT Press, 2005), 297–324.
- Crisciani, Chiara, and Gabriella Zuccolin, eds., *Michele Savonarola: medicina e cultura di corte* (Florence: SISMEL, 2011).
- Crossgrove, William, "The Vernacularization of Science, Medicine, and Technology in Late Medieval Europe: Broadening our Perspectives," *Early Science and Medicine* 5:1 (2000): 47–63.
- Dales, Richard, *The Problem of the Rational Soul in the Thirteenth Century* (Leiden: Brill, 1995).
- Delaurenti, Béatrice, *La contagion des émotions: compassion, une énigme médiévale* (Paris: Classiques Garnier, 2016).
- Demaitre, Luke E., *Doctor Bernard de Gordon: Professor and Practitioner* (Toronto: Pontifical Institute of Mediaeval Studies, 1980).
- Demaitre, Luke E., *Medieval Medicine: The Art of Healing from Head to Toe* (Santa Barbara: Praeger, 2013).
- Denery, Dallas G. II, *Seeing and Being Seen in the Later Medieval World: Optics, Theology and Religious Life* (Cambridge: Cambridge University Press, 2005).
- Dixon, Thomas, *From Passions to Emotions: The Creation of a Secular Psychological Category* (Cambridge: Cambridge University Press, 2003).
- Dixon, Thomas, "'Emotion': The History of a Keyword in Crisis," *Emotion Review* 4 (2012): 338–344.
- Dror, Otniel E., Bettina Hitzer, Anja Laukötter, and Pilar León-Sanz, "History of Science and the Emotions: Perspectives and Challenges-An Introduction," *Osiris* 31 (2016): 1–18.
- Dumas, Geneviève, *Santé et société à Montpellier à la fin du Moyen Âge* (Leiden: Brill, 2015).
- Farmer, Richard, and Alexander L. Chapman, *Behavioral Interventions in Cognitive Behavior Therapy: Practical Guidance for Putting Theory into Action* (Washington, DC: American Psychological Association, 2007).
- Ferrari, Henri-Maxime, *Une chaire de médecine au 15^e siècle: un professeur à l'Université de Pavie de 1432 à 1472* (Genève: Slatkine-Megariotis Reprints, 1977).
- Ferrari, Monica, "Il medico pedagogo del principe tra Quattro e Seicento: Ricerche in progress e problemi aperti," in *Michele Savonarola: medicina e cultura di corte*, ed. Chiara Crisciani and Gabriella Zuccolin (Florence: SISMEL, 2011), 3–13.
- Figueiras, Pensado, "Pasajes del *Macer Floridus* castellano en el MS II-3036 de la Real Biblioteca," *Revista de Filología* 92:2 (2012): 344–345.

- Finucane, Ronald C., *The Rescue of the Innocents: Endangered Children in Medieval Miracles* (Basingstoke: Macmillan, 2007).
- Flynn, Maureen, "Taming Anger's Daughters: New Treatment for Emotional Problems in Renaissance Spain," *Renaissance Quarterly* 51:3 (1998): 864–886.
- French, Roger Kenneth, *Canonical Medicine: Gentile da Foligno and Scholasticism* (Leiden: Brill, 2001).
- Gallacher, Patrick, "Food, Laxatives, and Catharsis in Chaucer's Nun's Tale," *Speculum* 51:1 (1976): 51–54.
- García-Ballester, Luís, "Soul and Body, Disease of the Soul and Disease of the Body in Galen's Medical Thought," in *Le opere psicologiche di Galeno: atti del terzo colloquio galenico internazionale, Pavia, 10–12 Settembre 1986* (Naples: Bibliopolis, 1988), 117–152.
- García-Ballester, Luís, "Changes in the *Regimina Sanitatis*: The Role of the Jewish Physicians," in *Health, Disease and Healing in Medieval Culture*, ed. Sheila Campbell (Toronto: St. Martin's Press, 1990), 119–131.
- García-Ballester, Luís, "On the Origin of the 'Six Non-Natural Things' in Galen," in *Galen and Galenism: Theory and Medical Practice from Antiquity to the European Renaissance*, ed. Jon Arrizabalaga et al. (Aldershot: Ashgate, 2002), IV, 105–115.
- García-Ballester, Luís, *La búsqueda de la salud: Sanadores y enfermos en la España medieval* (Barcelona: Ediciones Península, 2001).
- García-Ballester, Luís, "The Construction of a New Form of Learning and Practicing Medicine in Medieval Latin Europe," in *Galen and Galenism: Theory and Medical Practice from Antiquity to the European Renaissance*, ed. Jon Arrizabalaga et al. (Aldershot: Ashgate, 2002), VII, 75–102.
- García-Ballester, Luís, Michael R. McVaugh, and Agustín Rubio-Vela, *Medical Licensing and Learning in Fourteenth-Century Valencia*, Transactions of the American Philosophical Society, 79 (Philadelphia: American Philosophical Society, 1989).
- García y García, Antonio, "Obras de derecho común medieval en castellano," *Anuario de Historia del Derecho Español* 41 (1971): 671–686.
- García y García, Antonio, ed., *Synodicon Hispanum: IV Ciudad Rodrigo, Salamanca y Zamora* (Madrid: Biblioteca de autores cristianos, 1987).
- García y García, Antonio, ed., *Synodicon Hispanum: X Cuenca y Toledo* (Madrid: Biblioteca de Autores Cristianos, 1981–2007).
- Gavitt, Philip, *Charity and Children in Renaissance Florence: The Ospedale degli Innocenti 1410–1536* (Ann Arbor: University of Michigan Press, 1990).
- Gil-Sotres, Pedro, "Modelo, teórico y observación clínica: las pasiones del alma en la psicología médica medieval," in *Comprendre et maîtriser la nature au moyen âge: Mélanges d'histoire des sciences offerts à Guy Beaujouan* (Geneva: Droz, 1994), 181–204.
- Gil-Sotres, Pedro, "Introduction," in *Arnaldi de Villanova Opera Omnia*, vol. X.1, ed. Luís García-Ballester et al. (Barcelona: University of Barcelona, 1996), 471–885.

- Gillespie, Vincent, "From the Twelfth Century to c. 1450," in *The Cambridge History of Literary Criticism*, vol. ii: *The Middle Ages*, ed. Alastair Minnis and Ian Johnson (Cambridge: Cambridge University Press, 2005), 145–236.
- Goering, Joseph, and Pierre J. Payer, "The 'Summa penitentie fratrum Predicatorum': A Thirteenth-Century Confessional Formulary," *Mediaeval Studies* 55 (1993): 17–18.
- Goodich, Michael, "Microhistory and the Inquisitions into the Life and Miracles of Philip of Bourges and Thomas of Hereford," in *Medieval Narrative Sources: A Gateway into the Medieval Mind*, ed. Werner Verbenke, Ludo Mils, and Jean Goossens (Leuven: Leuven University Press, 2005), 91–106.
- Gowland, Angus, *The Worlds of Renaissance Melancholy: Robert Burton in Context* (Cambridge: Cambridge University Press, 2006).
- Gregory, Tullio, "La nouvelle idée de nature et de savoir scientifique au XIIe siècle," in *The Cultural Context of Medieval Learning*, ed. John Emery Murdoch and Edith Dudley Sylla (Dordrecht: D. Reidel, 1975), 193–218.
- Guénoun, A.S., "Gérard de Solo et son oeuvre médical," in *L'Université de médecine de Montpellier et son rayonnement (XIII^e–XV^e siècles)*, actes du colloque international de Montpellier, ed. D. Le Blevec (Tournhout: Brill, 2004), 65–73.
- Haas, Louis, *The Renaissance Man and His Children: Children and Early Childhood in Florence, 1300–1600* (Basingstoke: Macmillan, 1998).
- Hammer, Michael, "Treating of Virtue: Intertextuality in a Fifteenth-Century Spanish Miscellany," *Viator* 40:2 (2009): 349–366.
- Hasse, Dag Nikolaus, *Avicenna's De anima in the Latin West: The Formation of a Peripatetic Philosophy of the Soul 1160–1300* (London: Warburg Institute, 2000).
- Hill, Cotton Juliana, "Benedetto Reguardati of Nursia (1398–1469)," *Medical History* 13:2 (1969): 175–189.
- Hill, Cotton Juliana, "Benedetto Reguardati: Author of Ugo Benzi's *Tractato de la conservatione de la sanitate*," *Medical History* 12:1 (1968): 76–83.
- Horden, Peregrine, "A Non-Natural Environment: Medicine without Doctors and the Medieval European Hospital," in *The Medieval Hospital and Medical Practice*, ed. Barbara S. Bowers (Aldershot: Ashgate, 2007), 133–146.
- Howard, Peter Francis, *Beyond the Written Word: Preaching and Theology in the Florence of Archbishop Antoninus 1427–1459* (Florence: Leo S. Olschki, 1995).
- Hughes, Diane Owen, "Mourning Rites, Memory, and Civilization in Premodern Italy," in *Riti e rituali nelle società medievali*, ed. Jacques Chiffolleau et al. (Spoleto: Centro Italiano di Studi sull'Alto Medioevo, 1994), 23–38.
- Iribarren, Isabel and Martin Lenz, "The Role of Angels in Medieval Philosophical Inquiry," in *Angels in Medieval Philosophical Inquiry: Their Function and Significance*, ed. Isabel Iribarren and Martin Lenz (Burlington: Ashgate, 2008).
- Izard, Carroll E., "The Many Meanings/Aspects of Emotion: Definitions, Functions, Activation, and Regulation," *Emotion Review* 2 (2010): 363–370.

- Jacquart, Danielle, "Coeur ou cerveau? Les hésitations médiévales sur l'origine de la sensation et le choix de Turisanus," in *Il Cuore/The Heart*, ed. Agostino Paravicini Bagliani, *Micrologus* 11 (Florence: SISMEL, 2003), 73–95.
- Jacquart, Danielle, and Marilyn Nicoud, "Les régimes de santé au XIII^e siècle," in *Comprendre le XIII^e siècle*, ed. Pierre Guichard and Danièle Alexandre-Bidon (Lyon: Presses universitaires de Lyon, 1995), 201–214.
- Jarcho, Saul, "Galen's Six Non-Naturals," *Bulletin of the History of Medicine* 44 (1970): 372–377.
- Jehl, Rainer, "Acedia and Burnout Syndrome: From an Occupational Vice on the Monks to a Psychological Concept in Secularized Professional Life," trans. Andrea Németh-Newhauser, in *In the Garden of Evil: The Vice and Culture in the Middle Ages*, ed. Richard Newhauser (Toronto: PIMS, 2005), 455–476.
- Jordan, Mark D., "The Construction of a Philosophical Medicine: Exegesis and Argument in Salernitan Teaching on the Soul," *Osiris* 6 (1990): 42–61.
- Katajala-Peltomaa, Sari, and Susanna Niranen, *Mental (Dis)Order in Later Medieval Europe* (Leiden: Brill, 2014).
- Kaye, Joel, *A History of Balance, 1250–1375* (Cambridge: Cambridge University Press, 2014).
- Kelly Wray, Shona, "Boccaccio and the Doctors: Medicine and Compassion in the Face of the Plague," *Journal of Medieval History* 30:3 (2004): 301–322.
- Kessler, Eckhard, "The intellectual Soul," in *The Cambridge History of Renaissance Philosophy*, ed. Charles B. Schmitt et al. (Cambridge: Cambridge University Press, 1988), 485–534.
- King, Margaret L., *The Death of the Child Valerio Marcello* (Chicago: University of Chicago Press, 1994).
- King, Peter, "Emotions in Medieval Thought," in *The Oxford Handbook of the Emotions*, ed. Peter Goldie (Oxford: Oxford University Press, 2010), 167–188.
- King, Peter, "Dispassionate Passions," in *Emotion and Cognitive Life in Medieval and Early Modern Philosophy*, ed. Martin Pickavé and Lisa Shapiro (Oxford: Oxford University Press, 2012), 9–31.
- Klemm, Matthew, "Medicine and Moral Virtue in the *Expositio Problematum Aristotelis* of Peter of Abano," *Early Science and Medicine* 11:3 (2006), 302–335.
- Klemm, Matthew, "A Medical Perspective on the Soul," in *Psychology and the Other Disciplines*, ed. Paul J.J.M. Bakker and Sander W. de Boer (Leiden: Brill, 2012), 275–295.
- Klibansky, Raymond, Erwin Panofsky, and Fritz Saxl, *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion, and Art* (London: Nelson, 1964).
- Knuuttila, Simo, *Emotions in Ancient and Medieval Philosophy* (Oxford: Oxford University Press, 2004).
- Kovesi Killerby, Catherine, *Sumptuary Laws in Italy 1200–1500* (Oxford: Oxford University Press, 2002).

- Kukita Yoshikawa, Naoë, "Holy Medicine and Diseases of the Soul: Henry of Lancaster and *Le Livre de Seyntz Medicines*," *Medical History* 53 (2009): 397–414.
- Kukita Yoshikawa, Naoë, "Heavenly Vision and Psychosomatic Healing: Medical Discourse in Mechtild of Hackeborn's *The Booke of Gostlye Grace*," in *Medicine, Religion and Gender in Medieval Culture*, ed. Naoë Kukita Yoshikawa (Suffolk: D.S. Brewer, 2015), 67–84.
- Kukita Yoshikawa, Naoë, ed., *Medicine, Religion and Gender in Medieval Culture* (Woodbridge: D.S. Brewer, 2016).
- Lansing, Carol, "Gender and Civic Authority: Sexual Control in a Medieval Italian Town," *Journal of Social History* 31 (1997): 33–59.
- Lansing, Carol, *Passion and Order: Restraint of Grief in the Medieval Italian Communes* (Ithaca, NY: Cornell University Press, 2008).
- Lenkiewicz, Marie, *Contribución al estudio del léxico médico del español medieval: "Secretos de medicina" del licenciado don Juan Enríquez y "Pronóstica del pseudo-Galeno"* (Unpublished MA Thesis, Department of Hispanic Studies McGill University, Montreal, 1987).
- Levy, Alison, *Re-membling Masculinity in Early Modern Florence: Widowed Bodies, Mourning and Portraiture* (Aldershot: Ashgate, 2006).
- Little, Lester K., "Les techniques de la confession et la confession comme technique," in *Faire croire: modalités de la diffusion et de la réception des messages religieux du XIIe au XVe siècle* (Rome: École française de Rome, 1981), 87–99.
- Lockwood, D.P., *Ugo Benzi, Medieval Philosopher and Physician 1376–1439* (Chicago: University of Chicago Press, 1951).
- MacKay, Angus, "Religion, Culture, and Ideology on the Late Medieval Castilian-Granadan Frontier," in *Medieval Frontier Societies*, ed. Robert Bartlett and Angus Mackay (Oxford: Oxford University Press, 1989), 217–243.
- Maddern, Philippa C., "'It Is Full Merry in Heaven': the Pleasurable Connotations of 'Merriment' in Late Medieval England," in *Pleasure in the Middle Ages*, ed. Naama Cohen-Hanegbi and Piroska Nagy (Tournhout: Brepols, forthcoming).
- Mansfield, Mary C., *The Humiliation of Sinners: Public Penance in Thirteenth-Century France* (Ithaca: Cornell University Press, 1995).
- McCann, Daniel, "Medicine of Words: Purgative Reading in Richard Rolle's *Meditations on the Passion*," *The Mediaeval Journal* 5:2 (2015): 53–83.
- McCleery, Iona, "Both 'Illness and Temptation of the Enemy': Melancholy, the Medieval Patient and the Writings of King Duarte of Portugal (r. 1433–38)," *Journal of Medieval Iberian Studies* 1:2 (2009): 163–178.
- McCleery, Iona, "Wine, Women and Song? Diet and Regimen for Royal Well-Being (King Duarte of Portugal, 1433–1438)," in *Mental (Dis)order in Later Medieval Europe*, ed. Sari Katajala-Peltomaa and Susanna Niiranen (Leiden: Brill, 2014), 177–196.

- McCleery, Iona, "Medical Licensing in Late Medieval Portugal," in *Medicine and the Law in the Middle Ages*, ed. Wendy J. Turner and Sara M. Butler (Leiden: Brill, 2014), 196–219.
- McClure, George W., *Sorrow and Consolation in Italian Humanism* (Princeton: Princeton University Press, 1991).
- McClure, George W., review of Carol Lansing, *Passion and Order: Restraint of Grief in the Medieval Italian Communes* in *American Historical Review* 114:2 (2009): 472–473.
- McClure, George W., *The Culture of Profession in Late Renaissance Italy* (Toronto: University of Toronto Press, 2004).
- McManamon S.J., John M., *Funeral Oratory and the Cultural Ideals of Italian Humanism* (Chapel Hill: University of North Carolina Press, 1989).
- McNamer, Sarah, *Affective Meditation and the Invention of Medieval Compassion* (Philadelphia: University of Pennsylvania Press, 2010).
- McVaugh, Michael R., *Medicine before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 1993).
- McVaugh, Michael R., "Moments of Inflection: The Careers of Arnau de Vilanova," in *Religion and Medicine in the Middle Ages*, ed. Peter Biller and Joseph Ziegler (Woodbridge: York Medieval Press, 2001), 47–67.
- Mellyn, Elizabeth W., *Mad Tuscans and Their Families: A History of Mental Disorder in Early Modern Italy* (Philadelphia: University of Pennsylvania Press, 2014).
- Michaud-Quantin, Pierre, *Sommes de casuistique et manuels de confession au Moyen Âge* (Louvain: Éditions Nauwelaerts, 1962).
- Midelfort, H.C. Erik, *A History of Madness in Sixteenth-Century Germany* (Stanford: Stanford University Press, 1999).
- Milner, Matthew, "The Physics of Holy Oats: Vernacular Knowledge, Qualities and Remedy in Fifteenth-Century England," *Journal of Medieval and Early Modern Studies* 43 (2013): 219–45.
- Miner, Robert, *Thomas Aquinas on the Passions: A Study of Summa Theologiae Ia2ae22–48* (Cambridge: Cambridge University Press, 2009).
- Minio-Paluello, L., "Le texte du *De anima* d'Aristote. La tradition latine avant 1500," in *Autour d'Aristote, Recueil d'études de philosophie ancienne et médiévale offert à monseigneur A. Mansion* (Louvain: Publications Universitaires de Louvain, 1955), 217–243.
- Miramon, Charles de, "Innocent III, Huguccio de Ferrare et Hubert de Pirovano. Droit canonique, théologie et philosophie à Bologne dans les années 1180," in *Medieval Foundations of the Western Legal Tradition: A Tribute to Kenneth Pennington*, ed. W.P. Muller and M.E. Sommar (Washington, D.C.: Catholic University Press of America, 2006), 320–346.
- Miramon, Charles de, "Réception et oubli de l'*Ethica Vetustas* à Salerne et Bologne (1150–1180)," in *Mélanges en l'honneur d'Anne Lefebvre-Teillard*, ed. Bernard d'Alteroche et al. (Paris: Éditions Panthéon-Assas, 2009), 727–746.

- Montford, Angela, *Health, Sickness, Medicine and the Friars in the Thirteenth and Fourteenth Centuries* (Aldershot: Ashgate, 2004).
- Moulinier-Brogé, Laurence, "L'originalité de l'école de médecine de Montpellier," in *La medicina nel Medioevo: la "Schola Salernitana" e le altre*, ed. Alfonso Leone and Gerardo Sangermano (Salerno: Laveglia, 2003), 101–126.
- Murray, Alexander, "Counselling in Medieval Confession," in *Handling Sin: Confession in the Middle Ages*, ed. Peter Biller and A.J. Minnis (Woodbridge: York Medieval Press, 1998), 63–77.
- Murray, Alexander, *Suicide in the Middle Ages*, 2 vols. (Oxford: Oxford University Press, 1998–2000).
- Murray Jones, Peter, "Complexio and Experimentum: Tensions in Late Medieval Medical Practice," in *The Body in Balance: Humoral Medicines in Practice*, ed. Peregrine Horden and Elisabeth Hsu (New York: Berghahn, 2013), 107–128.
- Newhauser, Richard, *The Treatise on Vices and Virtues in Latin and the Vernacular*, Typologie des sources du Moyen Âge Occidental 68 (Turnhout: Brepols, 1993).
- Newhauser, Richard, "Introduction," in *In the Garden of Evil: The Vices and Cultures in the Middle Ages*, ed. Richard Newhauser (Toronto: PIMS, 2005), vii–xxiii.
- Newhauser, Richard, "Preaching the 'Contrary Virtues,'" *Mediaeval Studies* 70 (2008): 135–162.
- Newhauser, Richard, "Sin, the Business of Pleasure, and the Pleasure of Reading: Exemplary Narratives and Other Forms of Sinful Pleasure, in William Peraldus' *Summa de vitiis*," in *Pleasure in the Middle Ages*, ed. Naama Cohen-Hanegbi and Piroska Nagy (Turnhout: Brepols, forthcoming).
- Newhauser, Richard, and Susan J. Ridyard, eds., *Sin in Medieval and Early Modern Culture: the Tradition of the Seven Deadly Sins* (Woodbridge: York Medieval Press, 2012).
- Newman, Barbara, "Possessed by the Spirit: Devout Women, Demoniacs, and the Apostolic Life in the Thirteenth Century," *Speculum* 73:3 (1998): 733–770.
- Nicoud, Marilyn, "L'adaptation du discours diététique aux pratiques alimentaires: l'exemple de Barnabas de Reggio," *Mélanges de l'École française de Rome. Moyen Âge* 107 (1995): 207–231.
- Nicoud, Marilyn, "Expérience de la maladie et échange épistolaire: les derniers moments de Bianca Maria Visconti (Mai-Octobre 1468)," *Mélanges de l'École française de Rome, Moyen Âge* 112:1 (2000): 311–458.
- Nicoud, Marilyn, *Les régimes de santé au Moyen Âge*, 2 vols. (Rome: École française de Rome, 2007).
- Nicoud, Marilyn, "Medici, lettere e pazienti: pratica medica e retorica nella corrispondenza della cancelleria Sforzeca," in *Être médecin à la cour: France, Italie, Espagne, XIIIe–XVIIIe siècle*, ed. Elisa Andretta and Marilyn Nicoud (Florence: SISMEL, 2013), 213–233.

- Nicoud, Marilyn, *Le prince et les médecins: Pensée et pratiques médicales à Milan (1402–1476)* (Rome: École française de Rome, 2014).
- Niebyl, Peter H., “The Non Naturals,” *Bulletin of the History of Medicine* 45 (1971): 486–492.
- Nirenberg, David, *Neighboring Faiths: Christianity, Islam, and Judaism in the Middle Ages and Today* (Chicago: The University of Chicago Press, 2004).
- Noone, Timothy B., *Of Angels and Men: Sketches from High Medieval Epistemology*, The Etienne Gilson Series 34 (Toronto: Pontifical Institute of Mediaeval Studies Publications, 2011).
- Nussbaum, Martha C., *The Therapy of Desire: Theory and Practice in Hellenistic Ethics* (Princeton: Princeton University Press, 1994).
- Nutton, Vivian, “The Rise of Medical Humanism: Ferrara, 1464–1555,” *Renaissance Studies* 11:1 (1997): 2–19.
- O’Boyle, Cornelius, “Medicine, God and Aristotle in the Early Universities: Prefatory Prayers in Late Medieval Medical Commentaries,” *Bulletin of the History of Medicine* 66:2 (1992): 185–209.
- O’Boyle, Cornelius, *The Art of Medicine: Medical Teaching at the University of Paris, 1250–1400* (Leiden: Brill, 1998).
- Olsan Lea T., “Charms and Prayers in Medieval Medical Theory and Practice,” *Social History of Medicine* 16 (2003): 343–366.
- Ottosson, Per-Gunnar, *Scholastic Medicine and Philosophy: A Study of Commentaries on Galen’s Tegni, ca. 1300–1450* (Naples: Bibliopolis, 1984).
- Park, Katharine, *Doctors and Medicine in Early Renaissance Florence* (Princeton: Princeton University Press, 1985).
- Park, Katharine, “The Organic Soul,” in *The Cambridge History of Renaissance Philosophy*, ed. Charles B. Schmitt et al. (Cambridge: Cambridge University Press, 1988), 464–484.
- Past, Elena, “Una ricotta per lungo e iocundo vivere: il *Libreto de tutte le cosse che se magnano*,” in *Michele Savonarola: medicina e cultura di corte*, ed. Chiara Crisciani and Gabriella Zuccolin (Florence: SISMEL, 2011), 113–125.
- Perler, Dominik, “Emotions and Cognitions: Fourteenth-Century Discussions on the Passions of the Soul,” *Vivarium* 43:2 (2005): 250–274.
- Perler, Dominik, “Introduction,” *Vivarium* 46:3 (2008): 223–231.
- Pesenti Marangon, Tiziana, “Michele Savonarola a Padova: l’ambiente, le opere, la cultura medica,” *Quaderno per la storia dell’Università di Padova* 9–10 (1977): 45–103.
- Pesenti Marangon, Tiziana, *Professori e promotori di Medicina nello Studio di Padova dal 1405 al 1509*. Repertorio bio-bibliografico (Padua: LINT, 1984).
- Pickavé Martin, and Lisa Shapiro, eds., *Emotion and Cognitive Life in Medieval and Early Modern Philosophy* (Oxford: Oxford University Press, 2012).

- Plamper, Jan, *The History of Emotions. An Introduction* (Oxford: Oxford University Press, 2015).
- Pomata, Gianna, "Sharing Cases: The *Observationes* in Early Modern Medicine," *Early Science and Medicine* 15 (2010): 193–236.
- Pomata, Gianna, and Nancy G. Siraisi, eds. *Historia: Empiricism and Erudition in Early Modern Europe* (Cambridge, Mass.: MIT Press, 2005).
- Proctor, Caroline, *Perfecting Prevention: The Medical Writings of Maino de Maineri (d. c.1368)* (Ph.D. diss., University of St. Andrews, 2006).
- Pym, Anthony, "The Price of Alfonso's Wisdom. Nationalist Translation Policy in Thirteenth-Century Castile," *The Medieval Translator/Traduire au Moyen Âge*, ed. Roger Ellis and René Rixier (Turnhout: Brepols, 1996): 448–467.
- Rather, L.J., "The 'Six Things Non Natural,'" *Clio Medica* 3 (1968): 337–347.
- Reddy, William M., *The Navigation of Feeling: A Framework for the History of Emotions* (Cambridge: Cambridge University Press, 2001).
- Renevey, Denis, "L'Imagerie des travaux ménagers dans 'The Doctrine of the Heart': spiritualité affective et subjectivité," in *Il cuore/The Heart*, Micrologus XI (Florence: SISMEL, 2003), 519–553.
- Renevey, Denis, and Naoë Kukita Yoshikawa, eds., *Convergence/Divergence: The Politics of Late Medieval English Devotional and Medical Discourses*, special issue of *Poetica: An International Journal of Linguistic-Literary Studies* 72 (2009).
- Rider, Catherine, "Demons and Mental Disorder in Late Medieval Medicine," in *Mental (Dis)Order in Later Medieval Europe*, ed. Sari Katajala-Peltomaa and Susanna Niiranen (Leiden: Brill, 2014), 47–69.
- Robinson, Cynthia, "Trees of Love, Trees of Knowledge: Toward the Definition of a Cross-Confessional Current in Late-Medieval Iberian Spirituality," *Medieval Encounters* 12:3 (2006): 388–435.
- Robinson, Cynthia, *Imagining the Passion in a Multi-Confessional Castile: The Virgin, Christ, Devotions and Images in the Fourteenth and Fifteenth Centuries* (Philadelphia: Penn State University Press, 2013).
- Rosenwein, Barbara H., ed., *Anger's Past: The Social Uses of an Emotion in the Middle Ages* (Ithaca: Cornell University Press, 1998).
- Rosenwein, Barbara H., "Worrying about Emotions in History," *The American Historical Review* 107:3 (2002), 821–845.
- Rosenwein, Barbara H., *Emotional Communities in the Early Middle Ages* (Ithaca: Cornell University Press, 2006).
- Rosenwein, Barbara H., "Emotion Words," in *Le sujet des émotions au Moyen Âge*, ed. Piroska Nagy and Damien Boquet (Paris: Beauchesne, 2009), 93–106.
- Rosenwein, Barbara H., "The Mystical Skeleton in the Thomistic Closet: Aquinas's Impassibility," *The Journal of Medieval Religious Cultures* 36:2 (2010): 233–246.

- Rosenwein, Barbara H., *Generations of Feeling: A History of Emotions, 600–1700* (Cambridge: Cambridge University Press, 2016).
- Rubio Álvarez, Fernando, "Don Pedro Gómez Barroso, arzobispo de Sevilla, y su 'Catecismo' en romance castellano," *Archivo Hispalense* 86/27 (1957): 129–146.
- Russell, James A., "Emotion, Core Affect, and Psychological Construction," *Cognition and Emotion* 23:7 (2009): 1259–1283.
- Salmón, Fernando, "The Pleasures and Joys of the Humoral Body in Medieval Medicine," in *Pleasure in the Middle Ages*, ed. Naama Cohen-Hanegbi and Piroska Nagy (Turnhout: Brepols, forthcoming).
- Sánchez Herrero, José, "Concilios Provinciales y Sínodos Toledanos de los siglos XIV y XV: La religiosidad Cristiana del clero y pueblo," *Estudios de Historia* 2 (1976): 239.
- Sánchez Herrero, José, "La literatura catequética en la Península Ibérica. 1236–1553," in *En la España Medieval*, vol. V (Madrid: Universidad Complutense, 1986), 1051–1117.
- Sánchez Herrero, José, "En Torno al arzobispo de Sevilla Don Pedro (1378–1390)," in *La diócesis de Sevilla en la baja edad media* (Seville: Universidad de Sevilla, 2010), 20–42.
- Sánchez Sánchez, Manuel Ambrosio, "Vernacular Preaching in Spanish, Portuguese and Catalan," in *The Sermon*, ed. Beverly Mayne Kienzle, *Typologie des sources du Moyen Âge occidental* 81–83 (Turnhout: Brepols, 2000), 759–858.
- Sánchez Sánchez, Manuel Ambrosio, *La primitiva predicación hispánica medieval* (Salamanca: Seminario de Estudios Medievales y Renacentistas, 2000).
- Sarton, George, *Introduction to the History of Science*, 3 vols. (Baltimore: Williams & Wilkins, 1947).
- Scott, Anne M., "The Role of Exempla in Educating through Emotion: The Deadly Sin of 'lecherie' in Robert Mannyng's *Handlyng Synne* (1303–1317)," in *Authority, Gender and Emotions in Late Medieval and Early Modern England*, ed. Susan Broomhall (Hampshire: Palgrave Macmillan, 2015), 34–50.
- Serena, Augusto, *La cultura umanistica a Treviso nel secolo decimoquinto* (Venice: R. Deputazione veneta di storia patria, 1912).
- Shatzmiller, Joseph, *Jews, Medicine, and Medieval Society* (Berkeley: University of California Press, 1994).
- Shatzmiller, Joseph, "La faculté de médecine de Montpellier et son influence en Provence: témoignages en hébreu, en latin et en langue vulgaire," in *L'Université de médecine de Montpellier et son rayonnement (XIIIe–XVe siècles), actes du colloque international de Montpellier*, ed. D. Le Blevec (Leiden: Brill, 2004), 291–294.
- Siraisi, Nancy G., *Arts and Sciences at Padua: The Studium of Padua before 1350* (Toronto: Pontifical Institute of Mediaeval Studies, 1973).
- Siraisi, Nancy G., "Taddeo Alderotti and Bartolomeo da Varignana on the Nature of Medical Learning," *Isis* 68 (1977): 27–39.

- Siraisi, Nancy G., *Taddeo Alderotti and His Pupils: Two Generations of Italian Medical Learning* (Princeton, N.J.: Princeton University Press, 1981).
- Siraisi, Nancy G., "L' 'individuale' nella medicina tra medioevo e umanesimo: I 'casi clinici,'" in *Umanesimo e medicina: Il problema dell' 'individuale,'* ed. Roberto Cardini and Mariangela Regoliosi (Rome: Bulzoni, 1996), 33–62.
- Siraisi, Nancy G., *Medicine and the Italian Universities, 1200–1600* (Leiden: Brill, 2001).
- Smith, J. Warren, *Passion and Paradise: Human and Divine Emotion in the Thought of Gregory of Nyssa* (New York: Crossroad, 2004).
- Solomon, Michael, *Fictions of Well-Being: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain* (Philadelphia: University of Pennsylvania Press, 2010).
- Sorabji, Richard, *Emotions and Peace of Mind: From Stoic Agitation to Christian Temptation* (Oxford: Oxford University Press, 2000).
- Soto Rábanos, José María, "Derecho canónico y praxis pastoral en la España bajomedieval," in *Proceedings of the Sixth International Congress of Medieval Canon Law, Berkeley, California, 28 July–2 August 1980*, ed. Stephan Kuttner and Kenneth Pennington (Vatican: Biblioteca apostolica vaticana, 1985), 595–617.
- Spruyt, Joke, "Peter of Spain," *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta, (Winter, 2012 Edition), URL = <<http://plato.stanford.edu/archives/win2012/entries/peter-spain/>>.
- Steinhoff, Judith, "Weeping Women: Social Roles and Images in Fourteenth-Century Tuscany," in *Crying in the Middle Ages: Tears of History*, ed. Elina Gertsman (New York: Routledge, 2012), 35–52.
- Strocchia, Sharon T., *Death and Ritual in Renaissance Florence* (Baltimore: Johns Hopkins University Press, 1992).
- Sweeney, Eileen C., "Aquinas on the Seven Deadly Sins: Tradition and Innovation," in *Sin in Medieval and Early Modern Culture: The Tradition of the Seven Deadly Sins*, ed. Richard G. Newhauser and Susan J. Ridyard (Woodbridge: York Medieval Press, 2012), 85–106.
- Tanner, Norman P., ed., *Decrees of the Ecumenical Councils*, 2 vols. (London: Georgetown University Press, 1990).
- Tentler, Thomas, *Sin and Confession on the Eve of the Reformation* (Princeton: Princeton University Press, 1977).
- Turner, Wendy J., *The Care and Custody of the Mentally Ill, Incompetent, and Disabled in Medieval England*, *Cursor Mundi* 16 (Turnhout: Brepols, 2013).
- Van Arsdall, Anne, *Medieval Herbal Remedies: The Old English Herbarium and Anglo-Saxon Medicine* (London: Routledge, 2002).
- Van der Lugt, Maaïke, *Le ver, le démon et la vierge: Les théories médiévales de la génération extraordinaire* (Paris : Les Belles Lettres, 2004).

- Van der Lugt, Maaïke, "The Learned Physician as a Charismatic Healer: Urso of Salerno (Flourished End of Twelfth Century) on Incantations in Medicine, Magic, and Religion," *Bulletin of the History of Medicine* 87:3 (2013): 307–346.
- van 't Land, Karine, "Internal, yet Extrinsic: Conceptions of Bodily Space and Their Relation to Causality in Late Medieval University Medicine," in *Medicine and Space: Body, Surroundings and Borders in Antiquity and the Middle Ages*, ed. Patricia A. Baker et al. (Leiden: Brill, 2012), 85–116.
- Vauchez, André, *Sainthood in the Later Middle Ages*, trans. Jean Birrell (Cambridge: Cambridge University Press, 1997).
- Verbeke, Gérard, "Les progrès de l'Aristote Latin: le cas du *De anima*," in *Rencontres de cultures dans la philosophie médiévale: traductions et traducteurs de l'antiquité tardive au XIVe*, ed. Jacqueline Hamesse and Marta Fattori (Louvain-la-Neuve: Université Catholique de Louvain, 1990), 195–201.
- Wack, Mary F., *Lovesickness in the Middle Ages: The Viaticum and Its Commentaries* (Philadelphia: University of Pennsylvania Press, 1990).
- Wallis, Faith, "12th Century Commentaries in the *Tegni*: Bartholomaeus of Salerno and Others," in *L'Ars Medica (Tegni) de Galien: Lectures antiques et médiévales*, ed. Nicoletta Palmieri (Saint-Etienne: Publications de l'Université de Saint-Etienne, 2008), 127–168.
- Webb, Heather, *The Medieval Heart* (New Haven: Yale University Press, 2010).
- Wei, Ian P., *Intellectual Culture in Medieval Paris: Theologians and the University, c.1100–1330* (Cambridge: Cambridge University Press, 2012).
- Weinstein, Donald, "The Prophet as Physician of Souls: Savonarola's Manual for Confessors," in *Society and Individual in Renaissance Florence*, ed. William J. Connell (Berkeley: University of California Press, 2002), 241–260.
- Wenzel, Siegfried, *The Sin of Sloth: Acedia in Medieval Thought and Literature* (Chapel Hill: University of North Carolina Press, 2012).
- Wickersheimer, Ernest, *Dictionnaire biographique des médecins en France au Moyen Âge* (Geneva: Droz, 1979).
- Wierzbicka, Anna, *Emotions across Languages and Cultures: Diversity and Universals* (Cambridge: Cambridge University Press, 1999).
- Wierzbicka, Anna, and Jean Harkins, "Introduction," in *Emotions in Crosslinguistic Perspective*, ed. Anna Wierzbicka and Jean Harkins (Berlin: Mouton de Gruyter, 2002), 1–34.
- Young, Spencer E., *Scholarly Community at the Early University of Paris: Theologians, Education and Society, 1215–1248* (Cambridge: Cambridge University Press, 2014).
- Young, Spencer E., "Avarice, Emotions, and the Family in Thirteenth-Century Moral Discourse," in *Ordering Emotions in Europe, 1100–1800*, ed. Susan Broomhall (Leiden: Brill, 2015), 69–8.

- Ziegler, Joseph, "Arnau de Vilanova: A Case-Study of a Theologizing Physician," *Actes de la "I Trobada Internacional d'Estudis sobre Arnau de Vilanova"* 2 (1995): 249–303.
- Ziegler, Joseph, *Medicine and Religion c.1300: The Case of Arnau de Vilanova* (Oxford: Oxford University Press, 1998).
- Ziegler, Joseph, "Ut dicunt medici: Medical Knowledge and Theological Debates in the Second Half of the Thirteenth Century," *Bulletin of the History of Medicine* 73:2 (1999): 208–237.
- Zimmerman, Susan, "Leprosy in the Medieval Imaginary," *Journal of Medieval and Early Modern Studies* 38:3 (2008): 559–587.
- Zupko, Jack, "Self-Knowledge and Self-Representation in Later Medieval Psychology," in *Mind, Cognition and Representation*, ed. Bakker and Thijssen, 87–106.

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